

# 2016

*The Annual Review of*  
**TREATMENT EFFECTIVENESS**

PUBLISHED DECEMBER 2016

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**TREATMENT EFFECTIVENESS**

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# EXECUTIVE SUMMARY

The Texas Juvenile Justice Department (TJJD), since its creation in 2011, has provided the Treatment Effectiveness Report annually to the Texas Legislature. This report serves to examine the effectiveness of the TJJD treatment and rehabilitative programs. There are five programs that the report must address: gender-specific programming for female offenders, sexual behavior treatment, capital and serious violent offender treatment, alcohol and other drug treatment, and the mental health treatment programs. While the law requires TJJD to examine the five specific areas of programming, the success of youth who leave TJJD is influenced by more than their participation in any one program. Therefore, in addition to traditional recidivism measures, the 2016 report includes outcomes related to other programming youth received under the agency's general rehabilitative strategy. The final chapter of this report also serves as the agency's report on Reentry and Reintegration as required by Texas Human Resource Code, Section 245.0635.

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# INTRODUCTION

Last year (September 2015) the National Conference on State Legislators convened to discuss trends in Juvenile Justice that are supported by rigorous evaluation and research as being best practices for effectiveness and sustainability of treatment gains. The challenges to those in the field were to provide services that address the criminogenic needs of adolescents in the system, that reduce the numbers of low risk youth in secure care, that prevent youth from progressing farther and deeper into the system, and that reduce costs of service delivery for all states in all jurisdictions.

The Texas Juvenile Justice Department recognizes the wisdom inherent in the stated national trends. TJJD adopted the Risk Needs Responsivity model as a way to guide all decisions made in the design of its programming and management of youth in its care. The Risk Needs Responsivity model aims to focus services for youth to be provided as close to the youth's home community as possible, providing only the necessary treatment to each youth, and for the type and intensity of treatment chosen to be derived from assessments that identify the youth's level of risk to re-offend. The decision to place youth into residential secure care only occurs if the youth presents the highest risk. Lower risk youth are best treated in community based, lower restriction programs, within shorter lengths of stay in treatment. TJJD strives to assess youth for physical, emotional, educational and treatment needs, to identify their level of risk for re-offense once released to the community, and to determine each youth's readiness to change. TJJD approaches treatment decision making from a three tiered concept that guides the service dosage chosen for each youth based on his or her response to the services offered to all youth. If the youth struggles to respond to the services provided at the dose offered all youth, the strategies of the second or third tiers are implemented and modified to most appropriately craft the services to that youth. The agency uses strategies to assist youth in preparing to change in order to benefit from the treatment offered.

TJJD operates from a Trauma-Informed stance in its care and treatment, providing Trauma-Informed Care training in pre-service to all new employees. Research reveals that ninety three percent of justice involved youth have experienced at least one episode of trauma in his or her history. The average juvenile in the system has experienced six traumatic events. The agency strives to address the behavioral and emotional sequelae of the youths' trauma histories by developing increasingly safer, more nurturing, developmentally responsive living environments in its programs.

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## NEW INITIATIVES

In the last year, TJJD engaged in several initiatives to strengthen the programming available to the youth in its care. The year began with members of the Executive Team participating in a certificate program at Georgetown University under the auspices of the Center for Juvenile Justice Reform (CJJR). The program was designed to encourage jurisdictions to develop innovations in their systems. From this effort, the Capstone Program was born. By the end of 2016, Capstone has been implemented across all secure residential facilities. The agency has seen remarkable positive outcomes in the program's short lifespan. Capstone outcome measures will be discussed further in this report.

Shortly after the inception of the Capstone Program, TJJD applied to participate in CJJR's Youth In Custody Practice Model (YICPM) which provides eighteen months of technical assistance to jurisdictions interested in using the most current, evidence-based strategies in juvenile rehabilitation. Texas was chosen to participate in the technical assistance and has piloted global change efforts, beginning at three of the secure facilities, addressing target areas, such as case planning, family engagement, and youth re-entry services. The hope is that those reforms will later evolve into system-wide use of the newly implemented approaches.

The YICPM workgroups have been meeting since May of 2016. The Practice Model advocates for best practices in all juvenile justice jurisdictions. The Texas team assessed current practices and compared them to the model to identify areas for reform. The model emphasizes the use of data and assessment in all decision making throughout the system. The model encourages the use of assessment to drive the individualization of choices that facilities make available to youth as interventions, activities and services. The activities of the YICPM workgroups will be reviewed near the end of this report.

The Treatment Effectiveness Report for 2015 presented brief discussion of the initial positive outcomes evident from the agency's use of Positive Behavioral Interventions and Supports (PBIS). TJJD expanded implementation of PBIS in 2016 to all facilities as the primary behavior management system. Preliminary program outcomes will be discussed further in this report.

This year, TJJD found that there was an increased need for programs that helped youth manage aggressive behavior and resolve problems surrounding their commission of violent offenses. The agency developed a new program, temporarily named the Violent Offender Program, and has now implemented it in all locations so that youth have greater access to the service in the facility that is closest to their homes. The program seems to be producing encouraging outcomes.

TJJD has enjoyed enormous success and national attention as a result of the Pairing Achievement With Success (PAWS) program in which youth care for a dog during their stay. This year, TJJD expanded this program to the Gainesville unit and included the male youth at the Ron Jackson unit, making the program available to male youth for the first time.

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# YOUTH CHARACTERISTICS

2016 Youth characteristics, for the most part, remain consistent when compared to FY 2015. TJJD's new admissions increased from 808 in FY 2014 to 823 in FY 2015. Of the FY 2016 new admissions, approximately 63% were between 15 and 16 years of age. When 17-year-olds are included, this figure rises to 87% which is consistent from 2015. 72% were on probation at the time of commitment, and 65% had a prior out-of-home placement. The median reading years behind were at 3.6 in 2015 to 3.3 years behind other students in Texas. 28% of TJJD youth require special education services; this is close to triple that of public schools, which typically have 8-10% of youth requiring special education services. 57% of new commitments had a need for mental health treatment, a four-point increase from 2015. 99% had a need for at least one area of specialized treatment and 82% had a need for two or more areas of specialized treatment.

Table A.1 shows an overview of the characteristics of youth committed to TJJD in FY 2016.

This report focuses on outcomes of youth who were released from TJJD facilities on or before 8/31/2015.

YOUTH CHARACTERISTICS: NEW ADMISSIONS FY2016  
TABLE A.1

		FEMALES	MALES	ALL
<b>NUMBER OF NEW ADMISSIONS</b>		<b>76</b>	<b>747</b>	<b>823</b>
<b>DETERMINATE SENTENCE</b>	%	4	17	16
<b>OFFENSE HISTORY<sup>1</sup></b>				
COMMITTED FOR FELONY OFFENSE	%	100	100	100
THREE OR MORE FELONY OR MISD REFERRALS	%	68	73	73
TWO OR MORE FELONY OR MISD ADJUDICATIONS	%	68	66	67
<b>TJJD RISK ASSESSMENT SCORE<sup>1</sup></b>				
HIGH	%	8	5	5
MEDIUM	%	58	59	59
LOW	%	34	36	36
<b>SEVERITY OF COMMITTING OFFENSE<sup>1</sup></b>				
HIGH	%	12	28	26
MODERATE	%	59	41	43
LOW	%	29	31	31
<b>PARENTS UNMARRIED, DIVORCED, SEPARATED, OR AT LEAST ONE DECEASED<sup>2</sup></b>	%	94	83	84
<b>ON PROBATION AT COMMITMENT</b>	%	74	72	72
<b>PRIOR OUT OF HOME PLACEMENT</b>	%	72	65	65
<b>FAMILY HISTORY OF CRIMINAL INVOLVEMENT</b>	%	62	41	43
<b>NEED FOR TRT BY A LIC OR SPEC TRAINED PROVIDER<sup>1</sup></b>				

<b>CAPITAL SERIOUS VIOLENT TRT</b>				
HIGH NEED	%	4	17	15
MODERATE NEED	%	75	62	63
LOW NEED	%	13	12	12
<b>SEXUAL BEHAVIOR TRT</b>				
HIGH NEED	%	7	12	11
MODERATE NEED	%	1	3	3
LOW NEED	%	33	23	24
<b>ALCOHOL OR OTHER DRUG TRT</b>				
HIGH NEED	%	49	42	42
MODERATE NEED	%	28	38	37
LOW NEED	%	12	12	12
<b>MENTAL HEALTH TRT</b>				
HIGH NEED	%	5	1	2
MODERATE NEED	%	68	25	29
LOW NEED	%	17	25	24
ANY SPECIALIZED TRT NEED	%	100	99	99
MULTIPLE (2 OR MORE) SPECIALIZED TRT NEEDS	%	95	80	82
<b>SUSPECTED HISTORY OF ABUSE OR NEGLECT</b>	%	55	31	33
<b>SPECIAL EDUCATION ELIGIBLE</b>	%	28	28	28
<b>MEDIAN YEARS BEHIND READING ACHIEVEMENT<sup>1</sup></b>		-3.4 years	-3.3 years	-3.3 years
<b>MEDIAN YEARS BEHIND MATH ACHIEVEMENT<sup>1</sup></b>		-4.5 years	-4.3 years	-4.3 years
<b>AGE AT ADMISSION</b>				
12 OR YOUNGER	%	0	0	0
13	%	5	2	2
14	%	11	8	8
15	%	33	22	23
16	%	39	40	40
17	%	11	25	24
18	%	1	3	3

<sup>1</sup> Measures taken at intake.

<sup>2</sup> Parental marital status data is missing for 12% of youth. Percentages exclude missing data.

# GENERAL TREATMENT DESCRIPTION

A key piece of the 2007 effort to reform the Texas juvenile justice system called for the creation of a sound treatment system capable of providing individual youth the assistance and tools they need to leave behind their delinquent ways in order to become productive adults. Specifically, the reform requirements called for the new treatment program to be:

- Youth-centered;
- Evidence based;
- “Flexible” to account for individual youth needs and strengths;
- Implemented by appropriately experienced, trained and licensed staff;
- Accountable for program effectiveness; and
- Fully integrative with other Texas juvenile justice and community services.

Programming is delivered in classes, groups and individual formats addressing the identified individual risk and protective factors. Youth attend school, where they focus on increasing their academic and vocational skills for improved opportunities. Positive Behavior Interventions and Supports (PBIS) are used to support positive behaviors in the classroom and on the residential units to address rule violations. After school, youth participate in skills building groups, behavior groups, psycho-educational and Skills Application Groups. Youth with identified risks in violent behaviors, sexual behavior, alcohol and other drugs (chemical abuse/dependency), and mental health are required to participate in groups specifically designed to address those risks (see the specialized treatment strategies for program descriptions). Youth attend additional supplemental therapeutic activities, recreational activities and leisure skills-building groups. The youth are assessed on their participation, progress, and completion skills groups, supplemental groups, and daily practice of skills learned in those groups. Youth are expected to address relevant personal issues in the skills application groups and in individual meetings with the assigned case manager. Youth process behavioral issues and rule infractions with staff members, and sometimes with their peers under staff supervision, using “Thinking Reports” and “Check-Ins.” This process is designed to allow youth to become aware of the thinking, feeling, attitudes, values and beliefs which support their behavior, and to actively intervene when negative thinking, feeling and beliefs appear to get better behavioral outcomes. The majority of practices, interventions and assessments are Evidenced-Based Practices (EBP) such as the PACT, “Thinking for Change” etc.

Youth are evaluated at least once every 90 days by a multi-disciplinary team (MDT), which consists of their case manager, an assigned educator, and juvenile correctional officers who work with the youth on a regular basis. Psychology staff is also present in MDT meetings to provide input and assistance in the case planning process. Parents and Parole Officers are invited to participate in the multi-disciplinary team meeting. The MDT re-assesses a youth’s treatment progress, changing treatment objectives as needed to meet the individual youth’s needs and to target building specific skills. The individual case plan (ICP) provides youth, family and staff with an assessment of the youth’s progress in all areas of the general rehabilitation strategy and provides goals and action steps to build upon the skills learned. Every 90 days, following a re-assessment of the youth’s risk and protective factors, a quarterly summary report is provided to the youth’s parent/guardian. In this way, families are consistently engaged and connected to the youth’s progress and better prepared to help the youth adjust to the community upon reentry.

# SPECIALIZED TREATMENT PROGRAM DESCRIPTIONS

Many youth have multiple specialized treatment needs identified during the initial and on-going assessments. TJJD matches services and modalities to individual youth characteristics to ensure the best delivery of services. All specialized treatment programs are provided to youth with a high or moderate need for that treatment. Those youth with a low need for treatment receive a psychoeducational version of the treatment in the context of the groups run by their Case Managers. Some specialized treatments may be provided concurrently and others successively. Youth may have specialized needs addressed while in a high or medium restriction facility or on parole based on assessment results and treatment team recommendations. In recent years TJJD has worked hard to provide specialized treatment programs at more locations and with increased capacity up to the point that they are available to all youth with the need. The types of specialized treatment are:

## **SEXUAL BEHAVIOR TREATMENT PROGRAM (SBTP)**

The agency offers a full complement of sexual behavior treatment services. The services provided to the youth are designed to target their specific treatment needs. These services include: assessment, supplemental psychosexual education classes, short-term treatment, pre- and post-treatment services, intensive residential treatment, and sex offender aftercare and outpatient treatment. Secure facilities provide all services except sex offender aftercare. Medium restriction facilities and parole offices provide only aftercare services or psychosexual educational classes. Programs are developed to be responsive to the unique issues of females, young offenders, or male adolescents with sexual behavior problems. Through a comprehensive assessment process, youth are matched with the appropriate treatment service. The treatment of youth with sexual behavior problems involves a multidisciplinary, collaborative approach using techniques such as motivational interviewing, relapse prevention, impulse control, and self-regulation strategies. This model uses the communication, cooperation, and coordination between TJJD personnel and outside invested partners to enhance community protection. The sexual behavior treatment program (SBTP) uses evidence-based case management and treatment strategies that seek to hold the youth accountable. Public safety, victim protection, and reparation for victims are paramount and are integrated into the expectations, policies, procedures, and practices of the program.

## **CAPITAL AND SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM (CSVOTP)**

The Capital and Serious Violent Offender Treatment Program (CSVOTP) treats youth who are committed to TJJD for crimes such as capital murder, murder and other offenses involving the use of a weapon or deadly force or in which the victim suffered severe bodily injury. Staff includes case managers and mental health specialists who work within the high need CSVOTP at the Giddings State School and case managers who work at the Ron Jackson (female) CSVOTP. The program is designed to impact emotional, social, behavioral and cognitive developmental processes by integrating psychodynamic techniques, social learning and cognitive-behavioral therapy to create an intense therapeutic approach that aims to reduce individual risk factors and to enhance and build upon unique strengths of the youth. The program helps these young people connect feelings and thoughts associated with their violent behavior and to identify alternative ways to respond when faced with risky situations in the future. Capital Offender staff must have the necessary levels of education, experience in the delivery of treatment to juvenile offenders, and supervised training necessary to ensure the delivery of treatment services. The residential program promotes a



coordination of treatment services and the continuity of care between capital offender therapists, caseworkers, and dorm staff.

### **VIOLENT OFFENDER PROGRAM (VOP)**

The Violent Offender Program (VOP) is structured much like the CSVOTP, but is targeted for youth who commit a violent crime, but do not cause death or serious bodily injury. Youth in this program are often committed for offenses such as armed robbery. These youth tend to have more difficulty with anti-social thinking and anti-social associates, so the program uses a cognitive behavioral approach for reducing those risk factors and helping the youth to develop protective factors that would help the youth prevent re-offense. Youth in the VOP are taught self-regulation methods, and they thoroughly examine the life events that led to their criminal thinking and behaviors. The VOP is shorter in duration and intensity than the CSVOTP.

### **AGGRESSION REPLACEMENT THERAPY (ART)**

The Aggression Replacement Therapy (ART) program is offered to youth with a moderate need for treatment to address violent and aggressive behavior. Treatment is offered by trained Case Managers and Dorm Supervisors in 30 group sessions provided over a ten week period. The program is based on cognitive-behavioral concepts and moral reasoning strategies aimed at helping youth make more conscious decisions about their emotional expressions and at developing pro-social values that help them function more safely in their relationships. Youth are expected to demonstrate a reduction in risk factors for anti-social thinking and aggressive behavior by the end of treatment in order to successfully complete the program.

### **ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS (AOD)**

The Alcohol and Other Drug Treatment Programs (AODTP) are designed to target the specific level of care based on the youth's treatment needs. The high intensity AODTP is designed for youth who have the most significant need. The moderate intensity AODTP is designed to address the needs of youth in a condensed programming schedule; many of these youth have co-occurring needs for other specialized treatment services.

For youth with identifiable substance abuse problems, TJJD provides several levels of alcohol and other drug treatment programs, including psycho-educational classes, short-term treatment, supportive residential programs, and a relapse prevention program. All programs are based on the philosophy that dependence on alcohol and other drugs is a primary, chronic disease that is progressive and influenced by genetic, environmental, and psychosocial factors. The approach to treatment is holistic and views chemical dependency as a family disease that affects everyone in contact with the addicted youth. Family and social supports are recognized as critical protective factors that will promote and sustain treatment gains during specialized treatment and community transition. Youth are encouraged to view chemical dependency as a lifelong process of recovery and to renew a daily commitment to their sobriety and interruption of self-destructive behaviors, including substance use and criminal conduct. All programs use evidence-based strategies and curriculum and are provided by appropriately licensed clinicians.

### **MENTAL HEALTH TREATMENT PROGRAM (MHTP)**

The Mental Health Treatment Program (MHTP) provides specialized mental health treatment, moderate intensity specialized treatments and general rehabilitative interventions at single program locations (McLennan Residential Treatment Center for boys and Ron Jackson for girls). MHTP provides enhanced psychiatric and psychological assistance, and smaller case manager-to-youth ratios (1:8). Programming within the MHTP may include trauma groups, Trauma-Focused Cognitive Behavioral Therapy, Seeking Safety curriculum, psychosexual groups, modified and

moderate intensity sexual behavior treatment and alcohol and other drug treatment, Aggression Replacement Training® (ART), Cognitive Life Skills, boys' council, and girls' circle. All youth also receive appropriate educational services and behavioral health interventions by juvenile correctional officers. Having psychiatric and psychological staff focus on managing the symptoms associated with the youth's mental health issues allows the case managers to focus on risk reduction and protective enhancement strategies to reduce the risk of re-offending. This collaboration allows for holistic and individualized treatment for the youth in need of these services. Youth with unstable mental illnesses who are also dangerous to themselves or others receive care at the Crisis Stabilization Unit, a self-contained unit located within each of the MRTC and RJ facilities. Some youth require medication management only. This is considered a low need and it can be provided at any facility. Ongoing assessments and reevaluation of the youth's mental health needs ensure youth receive the most appropriate services. While mental health treatment may not be "completed," the goal of the program is to stabilize any acute mental health issues and teach youth techniques to manage their mental health issues as they reintegrate into the community.

### **FEMALE OFFENDER PROGRAM**

All general and specialized treatment services have been modified, as necessary, to ensure gender responsiveness. Female offenders have access to all needed specialized treatments, to include: Alcohol or Other Drug, Sexual Behavior Treatment, Capital and Serious Violent Offender Treatment, Trauma Focused-Cognitive Behavioral Therapy, Aggression Replacement Training®, Trauma Resolution groups, Pairing Achievement with Service (PAWS), and Girls Circle. All programs are provided by appropriately licensed clinicians or trained staff. The Girls Circle, an evidence-based program, is a structured support group that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem. The PAWS program uses canines from the local animal shelter to teach empathy and responsibility and supports the community by providing a well-trained dog to a new owner.

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# STORIES OF SUCCESS, PERHAPS THE SOFT DATA

TJJD uses the latest research and trends in juvenile justice to gauge the choices of programming and facility management. In this review of the effectiveness of those decisions, it is valuable to remember that the target of those decisions and policies continues to be the well-being of the youth in our care. To this end, below the reader will find three anecdotal reports of the effectiveness of our programming:

## **#1239272 (Violation of Probation for Indecency with a child)**

CH was committed to TJJD in late 2014 at the age of 15.11. CH was living with his adoptive mother and five siblings at the time of his commitment. He was committed for violation of probation for Indecency with a child. CH had long term involvement with state Child Protective services resulting in his ultimate adoption. CH was removed from his biological parent at the age of 18 months and was never reunified. He was placed with a biological grandparent at age 2 until age 12 when the grandparent declared he was too difficult to manage. At that point his placements varied and he was ultimately back in CPS custody until adopted and placed permanently at the age of 14.

CH was assessed on admission and his intelligence tested in the Superior range. He was already reading and completing math at the 12.9 grade level at the age of 15. He was diagnosed as a victim and perpetrator of child sexual abuse. Allegations of child abuse in his biological home included Sexual abuse, physical abuse, emotional abuse and neglectful supervision. CH claims no memory of abuse since he was removed at age 18 months. CH had no Axis I diagnosis requiring psychotropic medications. He was assessed with a low need for alcohol and other drug treatment, moderate need for Aggression Replacement Treatment and High need for Sexual Behavior Treatment. It was clear from admission that once admitted to TJJD, CH could not return to his adoptive home due to having five victims in the home.

CH was assigned a twelve-month length of stay based on his assessment as a medium severity offender with a medium risk to reoffend. He was extended twice by the Release Review Panel to provide an opportunity to complete Sexual Behavior Treatment. The extensions were for one month and two months consecutively, extending his stay by a total of three months. CH completed his high school diploma while in TJJD and met requirements to participate in online college courses through Navarro Junior College. Once he completed his required specialized residential treatment, he was transferred to a TJJD Halfway house. CH participated in the Campus Work program while in secure placement and once in medium restriction at a TJJD halfway house, CH participated in Independent Living preparation and SBTP aftercare. He was assigned a mentor in both high secure and medium restriction settings. CH was in transitional medium restriction care for five months before being allowed to move into his own apartment. TJJD and TDFPRS collaborated to identify services for CH through a contract provider making CH eligible to take advantage of living subsidies as a former CPS youth which will assist him to the age of 21. CH obtained full time employment in the food service industry in his home city, obtained his apartment and pays living expenses on a sliding scale through the DFPRS program. He has been in the community on parole since 7/2016 and remains arrest free.

## **# 1234584**

Youth MH was committed to TJJD in May 2014 for the charge of murder at the age of 13. He was committed as a determinate sentenced offender, sentenced to fifteen years and assigned a three-year minimum period of confinement. Youth MH had referrals in the juvenile justice system, was on probation and wearing a GPS monitor at the time of his offense. He was with a 19-year-old co-actor robbing a convenience store when the co-actor shot and killed the store clerk.

Youth was initially placed on probation for a felony offense unauthorized use of a motor vehicle. Other than the offense for which he was committed, he has no other arrests or referrals for violence or assaultive behavior. MH was assessed with a high need for Violent Offender treatment and a moderate need for Alcohol and Other Drug treatment. Due to his young age on admission and other factors on assessment he was assessed for mental health treatment and received intensive services in the Residential Treatment Center. He completed specialized Alcohol and Other Drug treatment and Violent Offender Treatment in a secure setting. MH has been in high restriction for 2.5 years and has had only no rule violations or serious incidents. He has completed all required specialized treatment and has completed all components of the agency rehabilitation program. He is described as trustworthy, mature, reliable and talented by staff. MH admits making a huge mistake at age of 13. He has demonstrated sincere dedication to rehabilitation and treatment. He is now in the ninth grade and has earned 4.5 credits, which is close to appropriate for his age. He has approximately 4 months remaining on his minimum period of confinement and his plans include a transition to a halfway house for a step-down into the community under supervision prior to a recommendation for parole release home to his parents.

**# 1237056 admitted 9/12/14 – DSO, 10-year sentence, 24-month MPOC, expires 6/16/2016**

IV was committed to the Texas Juvenile Justice Department in September 2014 for aggravated assault with a deadly weapon. He was 14.2 years old at the time of his commitment and was committed as a determinate sentenced offender with a ten-year sentence and two-year minimum period of confinement. IV had no prior referrals or history with the juvenile justice system when he and a group of friends attacked a peer with a screw-driver, stabbing him multiple times. The co-actors admitted their intent was to kill the victim, who survived. IV was assessed with a high need for Alcohol and Other Drug treatment as well as a high need for Violent Offender treatment. IV was behind in school when assessed, reading at the seventh grade level and completing math at the fifth grade level. His overall IQ was in the average range. IV had a history of substance and drug abuse beginning at the age of six.

IV has completed required specialized treatment including Alcohol and other drug treatment and violent offender treatment. He has also completed victim awareness and is in an alumni group for violent offender treatment. He has completed the agency rehabilitation program, having been assessed at the highest stage in 9/2016 and continuing to maintain that stage at this time. IV's transition plans include a step-down transition to a halfway house where he will focus on alcohol and other drug aftercare treatment, independent living and vocational and other work training while he continues work on his high school diploma.

IV is described by staff at his facility as responsible and mature, demonstrating excellent insight into his own past. IV had no incidents/rule violations while participating in the violent offender program. Staff members have seen IV develop leadership skills and engage and identify in Art as a form of therapy. Once he is released home on parole, he plans to enroll in public school to complete his education. He is focused on improving his relationship with his family and engaging in family activities once released.

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# METHODOLOGY FOR RECIDIVISM ANALYSIS: SCIENTIFIC DATA

To determine the effectiveness of agency programs, two kinds of measures are used in this report. The first and most traditional measure is recidivism. As used in this report, recidivism measures whether a youth has been rearrested or re-incarcerated after release from a residential facility. One limitation of this measure is that it reflects agency programs and culture as they existed some time ago. To allow for a sufficient sample size, this report uses recidivism data for the first year youth are back in their communities, which means the data reflects agency programming received up to one year prior. However, this report also highlights several current initiatives in the areas of safety and security and programming that show promise for improving future outcomes.

The second type of measure used in this report focuses on positive youth outcomes. This type of outcome--attainment of a GED or high school diploma, receipt of college credits, vocational certifications, and gains in reading or math achievement --reflects more than whether or not a person re-entered the juvenile or criminal justice system. It measures whether the youth has attained skills and tools that will contribute to a successful future as a productive member of society.

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# SPECIALIZED TREATMENT PROGRAM OUTCOMES

## Specialized Treatment Enrollment and Completion-Recidivism Predictors

At the end of the year 2015, seventy-one percent of the youth in TJJD residential programs were involved in specialized treatment programs. This number was down from the same time the year before when 73% percent of youth were enrolled. This data reflects those youth currently participating in some form of specialized programming, but the remaining 29% may or may not have already participated and completed their treatment. These youth may be temporarily removed from treatment to work on better behavioral control, may have completed all of the treatment programs required and are waiting to transition out, or may be among those youth who have just arrived and are undergoing the assessment process at the intake unit.

## Recidivism by Specialized Treatment Program Completion

### AOD

As shown in Tables A.2 and A.3 below, recidivism rates vary by gender and level of treatment enrollment. Consistent with TJJD's overall recidivism rates, females enrolled in AOD treatment generally have lower recidivism rates than males. Among males, one-year rearrest rates are generally highest among youth enrolled in high-intensity AOD treatment. However, youth enrolled in high-intensity treatment do not have consistently higher violent rearrest or reincarceration rates than youth enrolled in moderate- or low- intensity treatment. Among females, rates are highly variable across years, level of treatment enrollment, and recidivism measure, with no particular pattern evident.

MALE NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2015  
ENROLLED IN AOD TREATMENT  
ONE YEAR RECIDIVISM RATES  
BY LEVEL OF AOD TREATMENT  
**TABLE A.2**

Fiscal Year Released	Level of AOD Treatment	Total # Enrolled	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
<b>2009-2010</b>	<b>HIGH</b>	<b>338</b>	58	11	22
	<b>MODERATE</b>	<b>41</b>	46	10	17
	<b>LOW</b>	<b>129</b>	52	6	16
<b>2011</b>	<b>HIGH</b>	<b>296</b>	55	11	18
	<b>MODERATE</b>	<b>267</b>	58	19	16
	<b>LOW</b>	<b>71</b>	46	10	8
<b>2012</b>	<b>HIGH</b>	<b>239</b>	60	10	18
	<b>MODERATE</b>	<b>330</b>	51	10	14
	<b>LOW</b>	<b>48</b>	35	6	18
<b>2013</b>	<b>HIGH</b>	<b>262</b>	58	9	17
	<b>MODERATE</b>	<b>271</b>	46	11	17
	<b>LOW</b>	<b>43</b>	28	7	9
<b>2014</b>	<b>HIGH</b>	<b>273</b>	55	12	15
	<b>MODERATE</b>	<b>319</b>	48	12	16
	<b>LOW</b>	<b>22</b>	32	9	.
<b>2015</b>	<b>HIGH</b>	<b>254</b>	54	10	24
	<b>MODERATE</b>	<b>254</b>	49	12	14
	<b>LOW</b>	<b>20</b>	50	10	19

Note: Youth only counted once. Though youth may be enrolled in more than one level of treatment, highest level enrolled is reflected in the table.

Table A.2 shows a steady decline in the number of male youth needing any level of AOD treatment, however, the rate of recidivism for youth with a high need increased. Youth with a moderate need have demonstrated a stable rate of recidivism for the last five years.

FEMALE NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2015  
ENROLLED IN AOD TREATMENT  
ONE YEAR RECIDIVISM RATES  
BY LEVEL OF AOD TREATMENT  
**TABLE A.3**

Fiscal Year Released	Level of AOD Treatment	Total # Enrolled	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
<b>2009-2010</b>	<b>HIGH</b>	<b>21</b>	<b>38</b>	<b>.</b>	<b>14</b>
	<b>MODERATE</b>	<b>10</b>	<b>50</b>	<b>.</b>	<b>10</b>
	<b>LOW</b>	<b>9</b>	<b>33</b>	<b>.</b>	<b>.</b>
<b>2011</b>	<b>HIGH</b>	<b>24</b>	<b>50</b>	<b>.</b>	<b>16</b>
	<b>MODERATE</b>	<b>13</b>	<b>23</b>	<b>.</b>	<b>15</b>
	<b>LOW</b>	<b>9</b>	<b>44</b>	<b>.</b>	<b>22</b>
<b>2012</b>	<b>HIGH</b>	<b>24</b>	<b>38</b>	<b>8</b>	<b>21</b>
	<b>MODERATE</b>	<b>26</b>	<b>31</b>	<b>4</b>	<b>23</b>
	<b>LOW</b>	<b>4</b>	<b>25</b>	<b>.</b>	<b>.</b>
<b>2013</b>	<b>HIGH</b>	<b>17</b>	<b>35</b>	<b>.</b>	<b>18</b>
	<b>MODERATE</b>	<b>29</b>	<b>21</b>	<b>.</b>	<b>14</b>
<b>2014</b>	<b>HIGH</b>	<b>26</b>	<b>19</b>	<b>.</b>	<b>12</b>
	<b>MODERATE</b>	<b>23</b>	<b>22</b>	<b>9</b>	<b>22</b>
	<b>LOW</b>	<b>1</b>	<b>.</b>	<b>.</b>	<b>.</b>
<b>2015</b>	<b>HIGH</b>	<b>28</b>	<b>11</b>	<b>.</b>	<b>29</b>
	<b>MODERATE</b>	<b>19</b>	<b>32</b>	<b>.</b>	<b>37</b>
	<b>LOW</b>	<b>1</b>	<b>.</b>	<b>.</b>	<b>100</b>

Note: Youth only counted once. Though youth may be enrolled in more than one level of treatment, highest level enrolled is reflected in the table.

Table A.3 depicts the trend that over time, more female youth had a high need for treatment, and this increased level of risk had an effect on increasing the incidence of recidivism.

## CSVOTP

For the small number of youth enrolled in high-intensity CSVOTP treatment, recidivism rates are generally lower than agency averages. For males enrolled in high-intensity CSVOTP in recent years, one-year rearrest rates have ranged from 21 percent to 44 percent. Among youth enrolled in moderate-intensity CSVOTP (generally Aggression Replacement Training) one-year rearrest rates have been above 50 percent in recent years, though have ticked down slightly in each of the past three years (Tables B.1 and B.2).

MALE NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2015  
ENROLLED IN CSVOTP TREATMENT  
ONE YEAR RECIDIVISM RATES  
BY LEVEL OF CSVOTP TREATMENT  
**TABLE B.1**

Fiscal Year Released	Level of CSVOTP Treatment	Total # Enrolled	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
<b>2009-2010</b>	<b>MODERATE</b>	<b>9</b>	67	22	22
	<b>LOW</b>	<b>95</b>	52	13	17
<b>2011</b>	<b>HIGH</b>	<b>9</b>	33	11	11
	<b>MODERATE</b>	<b>270</b>	56	15	20
	<b>LOW</b>	<b>70</b>	37	11	15
<b>2012</b>	<b>HIGH</b>	<b>16</b>	44	6	13
	<b>MODERATE</b>	<b>294</b>	56	13	18
	<b>LOW</b>	<b>60</b>	38	7	15
<b>2013</b>	<b>HIGH</b>	<b>19</b>	21	.	5
	<b>MODERATE</b>	<b>328</b>	55	11	17
	<b>LOW</b>	<b>19</b>	26	5	21
<b>2014</b>	<b>HIGH</b>	<b>11</b>	27	18	9
	<b>MODERATE</b>	<b>464</b>	51	15	15
	<b>LOW</b>	<b>8</b>	38	.	25
<b>2015</b>	<b>HIGH</b>	<b>27</b>	44	7	.
	<b>MODERATE</b>	<b>456</b>	51	12	21
	<b>LOW</b>	<b>15</b>	20	.	13

Note: Youth only counted once. Though youth may be enrolled in more than one level of treatment, highest level enrolled is reflected in the table.

Table B.1 depicts the increasing need for male youth to participate in high and moderate levels of CSVOTP. Notably, however, the rates of recidivism have improved in recent years for those with high levels of treatment.

FEMALE NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2015  
 ENROLLED IN CSVOTP TREATMENT  
 ONE YEAR RECIDIVISM RATES  
 BY LEVEL OF CSVOTP TREATMENT  
**TABLE B.2**

Fiscal Year Released	Level of CSVOTP Treatment	Total # Enrolled	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
<b>2009-2010</b>	<b>HIGH</b>	<b>7</b>	<b>57</b>	<b>14</b>	<b>.</b>
	<b>MODERATE</b>	<b>6</b>	<b>.</b>	<b>.</b>	<b>17</b>
	<b>LOW</b>	<b>2</b>	<b>50</b>	<b>.</b>	<b>.</b>
<b>2011</b>	<b>HIGH</b>	<b>9</b>	<b>11</b>	<b>.</b>	<b>.</b>
	<b>MODERATE</b>	<b>16</b>	<b>31</b>	<b>6</b>	<b>38</b>
<b>2012</b>	<b>HIGH</b>	<b>10</b>	<b>20</b>	<b>20</b>	<b>30</b>
	<b>MODERATE</b>	<b>32</b>	<b>22</b>	<b>9</b>	<b>13</b>
<b>2013</b>	<b>HIGH</b>	<b>13</b>	<b>23</b>	<b>.</b>	<b>15</b>
	<b>MODERATE</b>	<b>18</b>	<b>17</b>	<b>.</b>	<b>11</b>
	<b>LOW</b>	<b>1</b>	<b>.</b>	<b>.</b>	<b>.</b>
<b>2014</b>	<b>HIGH</b>	<b>7</b>	<b>14</b>	<b>14</b>	<b>14</b>
	<b>MODERATE</b>	<b>27</b>	<b>19</b>	<b>.</b>	<b>15</b>
	<b>LOW</b>	<b>2</b>	<b>50</b>	<b>50</b>	<b>.</b>
<b>2015</b>	<b>HIGH</b>	<b>2</b>	<b>.</b>	<b>.</b>	<b>50</b>
	<b>MODERATE</b>	<b>38</b>	<b>26</b>	<b>.</b>	<b>34</b>
	<b>LOW</b>	<b>1</b>	<b>.</b>	<b>.</b>	<b>.</b>

Note: Youth only counted once. Though youth may be enrolled in more than one level of treatment, highest level enrolled is reflected in the table.

Due to the relatively low base rate for female offenders, it is difficult to draw significant conclusions.

## SBTP

Recidivism rates for youth enrolled in TJJD's high- or moderate- intensity sexual behavior treatment program also vary by year and treatment intensity level. Among males enrolled in high-intensity SBTP, one-year rearrest rates declined each year from 2009 to 2014, then ticked up slightly in 2015. (Table C.1) Violent rearrest and one-year reincarceration rates are generally lower than one-year rearrest rates – less than ten percent of males enrolled in high-intensity SBTP in recent years re-offended with a violent offense. As shown in Table C.2, very few females are enrolled in SBTP.

MALE NEWADMISSIONS SINCE FY2009, RELEASED BY FY2015  
ENROLLED IN SBTP TREATMENT  
ONE YEAR REARREST RATE  
BY LEVEL OF SBTP TREATMENT  
**TABLE C.1**

Fiscal Year Released	Level of SBTP Treatment	Total # Enrolled	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
<b>2009-2010</b>	<b>HIGH</b>	<b>35</b>	<b>34</b>	<b>6</b>	<b>20</b>
	<b>MODERATE</b>	<b>19</b>	<b>37</b>	<b>11</b>	<b>11</b>
	<b>LOW</b>	<b>4</b>	<b>75</b>	<b>.</b>	<b>.</b>
<b>2011</b>	<b>HIGH</b>	<b>68</b>	<b>29</b>	<b>9</b>	<b>7</b>
	<b>MODERATE</b>	<b>39</b>	<b>23</b>	<b>3</b>	<b>3</b>
	<b>LOW</b>	<b>18</b>	<b>67</b>	<b>17</b>	<b>22</b>
<b>2012</b>	<b>HIGH</b>	<b>73</b>	<b>23</b>	<b>3</b>	<b>5</b>
	<b>MODERATE</b>	<b>49</b>	<b>35</b>	<b>4</b>	<b>16</b>
	<b>LOW</b>	<b>8</b>	<b>38</b>	<b>13</b>	<b>50</b>
<b>2013</b>	<b>HIGH</b>	<b>71</b>	<b>21</b>	<b>4</b>	<b>4</b>
	<b>MODERATE</b>	<b>50</b>	<b>22</b>	<b>6</b>	<b>8</b>
	<b>LOW</b>	<b>3</b>	<b>67</b>	<b>.</b>	<b>.</b>
<b>2014</b>	<b>HIGH</b>	<b>62</b>	<b>16</b>	<b>.</b>	<b>5</b>
	<b>MODERATE</b>	<b>54</b>	<b>24</b>	<b>6</b>	<b>4</b>
	<b>LOW</b>	<b>6</b>	<b>17</b>	<b>.</b>	<b>.</b>
<b>2015</b>	<b>HIGH</b>	<b>71</b>	<b>20</b>	<b>4</b>	<b>8</b>
	<b>MODERATE</b>	<b>43</b>	<b>28</b>	<b>12</b>	<b>9</b>
	<b>LOW</b>	<b>12</b>	<b>58</b>	<b>.</b>	<b>25</b>

Note: Youth only counted once. Though youth may be enrolled in more than one level of treatment, highest level enrolled is reflected in the table.

Though the number of youth admitted with a high need for sexual behavior treatment has doubled in five years, the rate of recidivism has dropped over that same period to approximately one third of what it was at the same time.

FEMALE NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2015  
ENROLLED IN SBTP TREATMENT  
ONEYEAR REARREST RATE  
BY LEVEL OF SBTP TREATMENT  
**TABLE C.2**

Fiscal Year Released	Level of SBTP Treatment	Total # Enrolled	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
<b>2009-2010</b>	<b>HIGH</b>	<b>1</b>	.	.	.
<b>2011</b>	<b>HIGH</b>	<b>2</b>	.	.	50
<b>2012</b>	<b>MODERATE</b>	<b>3</b>	.	.	.
	<b>LOW</b>	<b>2</b>	.	.	.
<b>2013</b>	<b>MODERATE</b>	<b>2</b>	.	.	.
	<b>LOW</b>	<b>4</b>	25	.	.
<b>2014</b>	<b>HIGH</b>	<b>1</b>	.	.	.
<b>2015</b>	<b>HIGH</b>	<b>2</b>	50	.	.
	<b>MODERATE</b>	<b>1</b>	.	.	.

Note: Youth only counted once. Though youth may be enrolled in more than one level of treatment, highest level enrolled is reflected in the table.

Again, the data is inconclusive in respect to the population of female youth with sexual behavior problems because of the low incidence in this population.

## MH

For male youth enrolled in mental health treatment in recent years, one-year rearrest rates have ranged from 35 percent to 60 percent, though rates have mostly hovered around 50 percent. (Table D.1) For both male and female youth enrolled in mental health treatment, one-year violent rearrest and one-year reincarceration rates are much lower than one-year rearrest rates. (Table D.1 and D.2).

MALE NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2015  
ENROLLED IN MENTAL HEALTH TREATMENT  
ONEYEAR REARREST RATE  
BY LEVEL OF MENTAL HEALTH TREATMENT  
**TABLE D.1**

Fiscal Year Released	Level of MH Treatment	Total # Enrolled	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
<b>2009-2010</b>	<b>HIGH</b>	<b>93</b>	58	17	15
	<b>MODERATE</b>	<b>127</b>	50	10	19
	<b>LOW</b>	<b>88</b>	55	22	26
<b>2011</b>	<b>HIGH</b>	<b>120</b>	35	11	13
	<b>MODERATE</b>	<b>143</b>	54	10	15
	<b>LOW</b>	<b>151</b>	60	17	23
<b>2012</b>	<b>HIGH</b>	<b>89</b>	45	11	16
	<b>MODERATE</b>	<b>152</b>	52	9	15
	<b>LOW</b>	<b>129</b>	55	11	16
<b>2013</b>	<b>HIGH</b>	<b>87</b>	47	10	11
	<b>MODERATE</b>	<b>147</b>	48	7	18
	<b>LOW</b>	<b>102</b>	41	9	14
<b>2014</b>	<b>HIGH</b>	<b>73</b>	44	11	21
	<b>MODERATE</b>	<b>177</b>	51	15	14
	<b>LOW</b>	<b>141</b>	55	16	20
<b>2015</b>	<b>HIGH</b>	<b>43</b>	42	19	18
	<b>MODERATE</b>	<b>192</b>	47	7	21
	<b>LOW</b>	<b>181</b>	51	11	20

Note: Youth only counted once. Though youth may be enrolled in more than one level of treatment, highest level enrolled is reflected in the table.

Table D.1 indicates that the number of youth needing a high level of mental health treatment has steadily declined over the last five years. Re-incarceration rates for youth with a high mental health need have remained fairly steady. The re-arrest rates may be so strikingly high for the youth with mental health problems because of the tendency for mental health symptoms to relapse and recur in an unpredictable pattern and to affect the overall functioning of the youth's behavior.



FEMALE NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2015  
ENROLLED IN MENTAL HEALTH TREATMENT  
ONEYEAR REARREST RATE  
BY LEVEL OF MENTAL HEALTH TREATMENT  
TABLE D.2

Fiscal Year Released	Level of MH Treatment	Total # Enrolled	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
2010	HIGH	12	17	.	8
	MODERATE	9	56	11	11
	LOW	14	43	.	13
2011	HIGH	8	38	25	25
	MODERATE	18	33	.	11
	LOW	24	50	.	20
2012	HIGH	8	25	.	50
	MODERATE	37	27	11	16
	LOW	2	50	.	.
2013	HIGH	2	50	.	50
	MODERATE	37	19	.	11
	LOW	9	33	.	11
2014	HIGH	1	.	.	.
	MODERATE	37	16	.	24
	LOW	15	27	.	13
2015	HIGH	5	40	.	20
	MODERATE	32	22	.	31
	LOW	15	27	.	33

Note: Youth only counted once. Though youth may be enrolled in more than one level of treatment, highest level enrolled is reflected in the table.

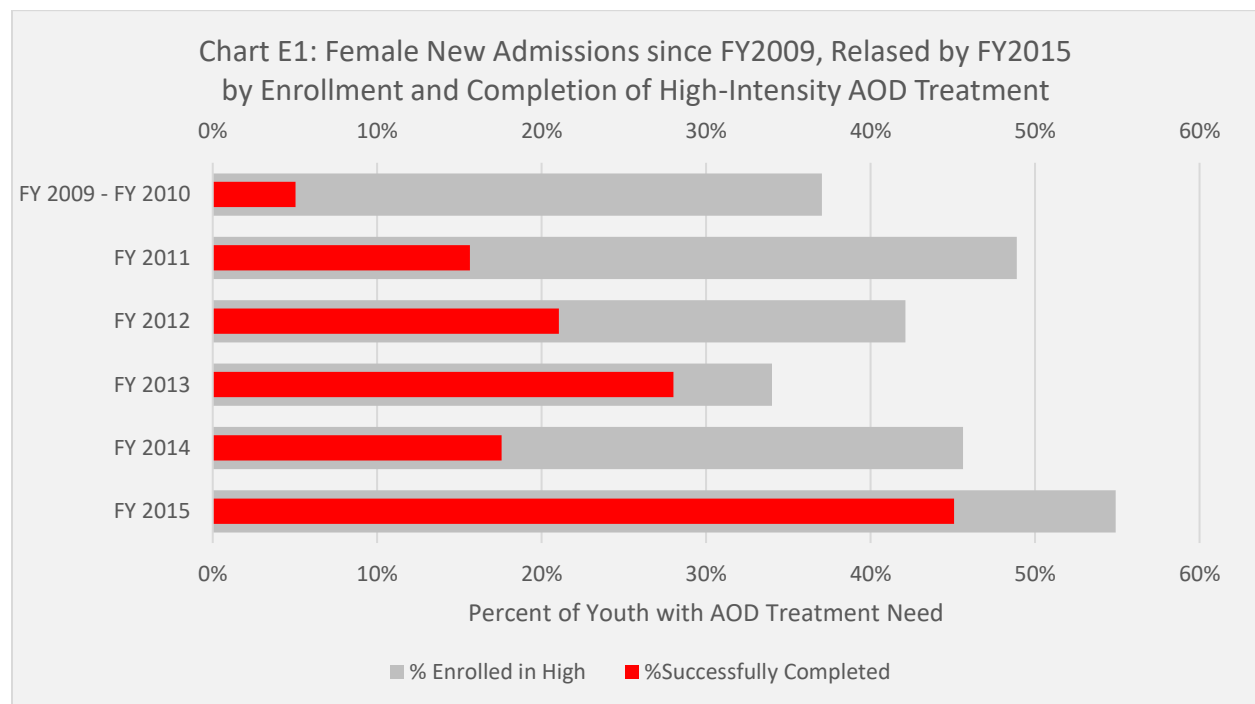
Table D.2 depicts the decline in the rate of admissions of female youth with high mental health needs, and a concomitant increase in youth with moderate needs. Interestingly, the youth with moderate needs recidivated at a lower rate in recent years.

## ALCOHOL OR DRUG TREATMENT (AOD)

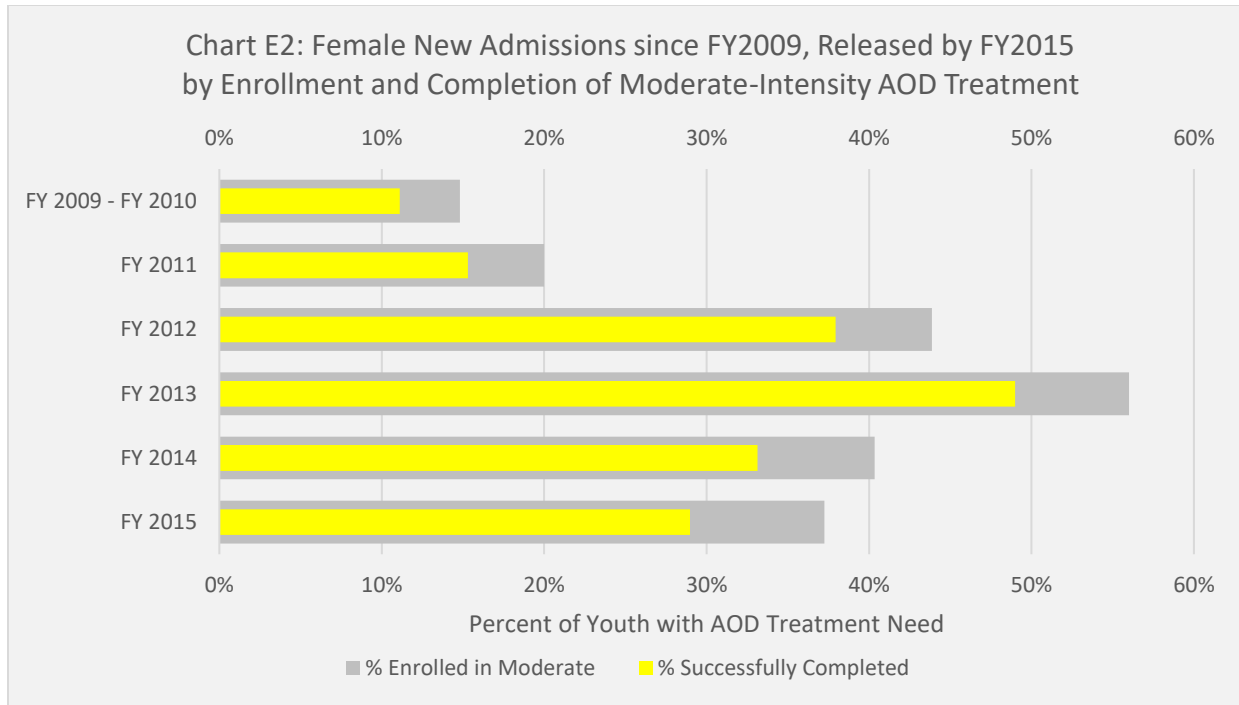
### Female

The percentage of TJJD females with AOD treatment needs has increased in recent years, from 56 percent of youth released in FY 2009 – 2010 to over 80 percent of youth released since FY 2013. The percentage of girls with a need for high-intensity treatment in particular increased from 20 percent in FY 2009 - 2010 to 46 percent in FY 2015. Enrollment in treatment has also increased; the percentage of youth with AOD treatment needs who were not enrolled in some level of treatment decreased from 41 percent in FY 2009-2010 to only 8 percent in FY 2015. Moreover, since 2012, all female youth with high or moderate levels of AOD treatment need have been enrolled in treatment – youth not enrolled in treatment.

As illustrated by Chart E1, the percentage of females who successfully completed high-intensity AOD treatment rebounded to 82 percent in FY 2015. The percentage of female youth successfully completing moderate-intensity AOD treatment has remained more stable in recent years, ranging from 75 percent to 88 percent each year since FY 2009 – 2010. (Chart E2).



Note: Completion has been scaled to percentage of enrollment. For example, in FY15 55% of females with AOD treatment need were enrolled in high-intensity treatment; 82% of youth enrolled (45% of all females with AOD needs) successfully completed high-intensity treatment.

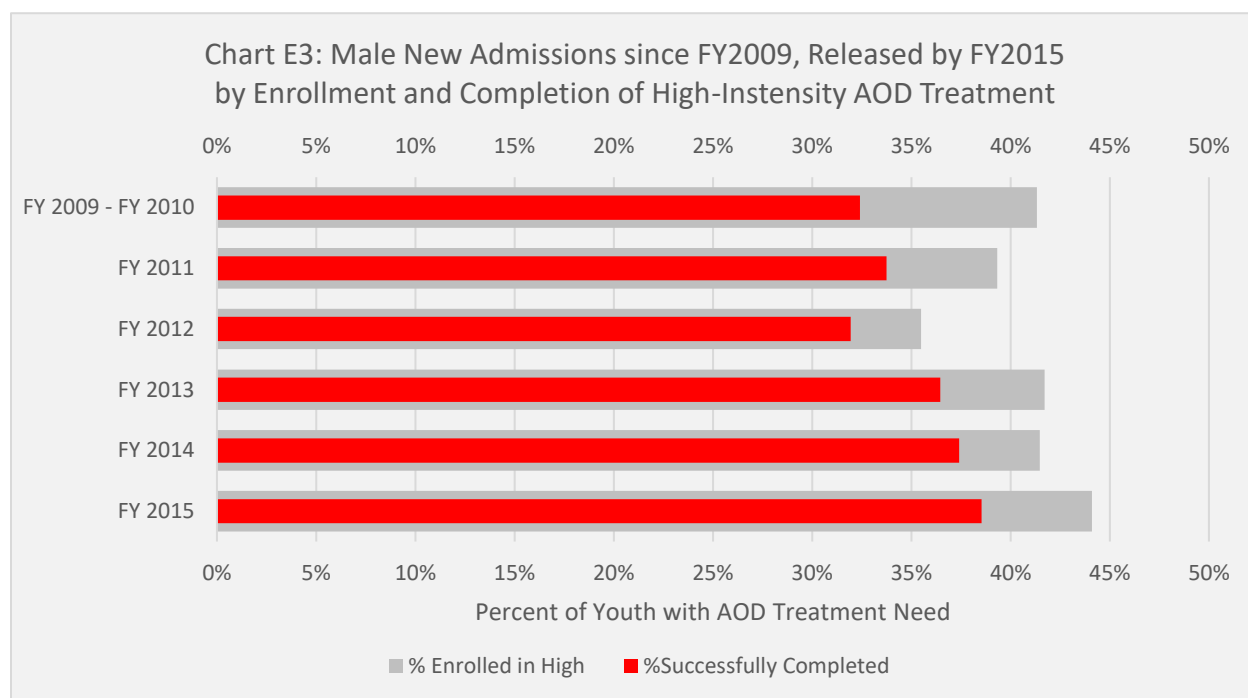


Note: Completion has been scaled to percentage of enrollment.

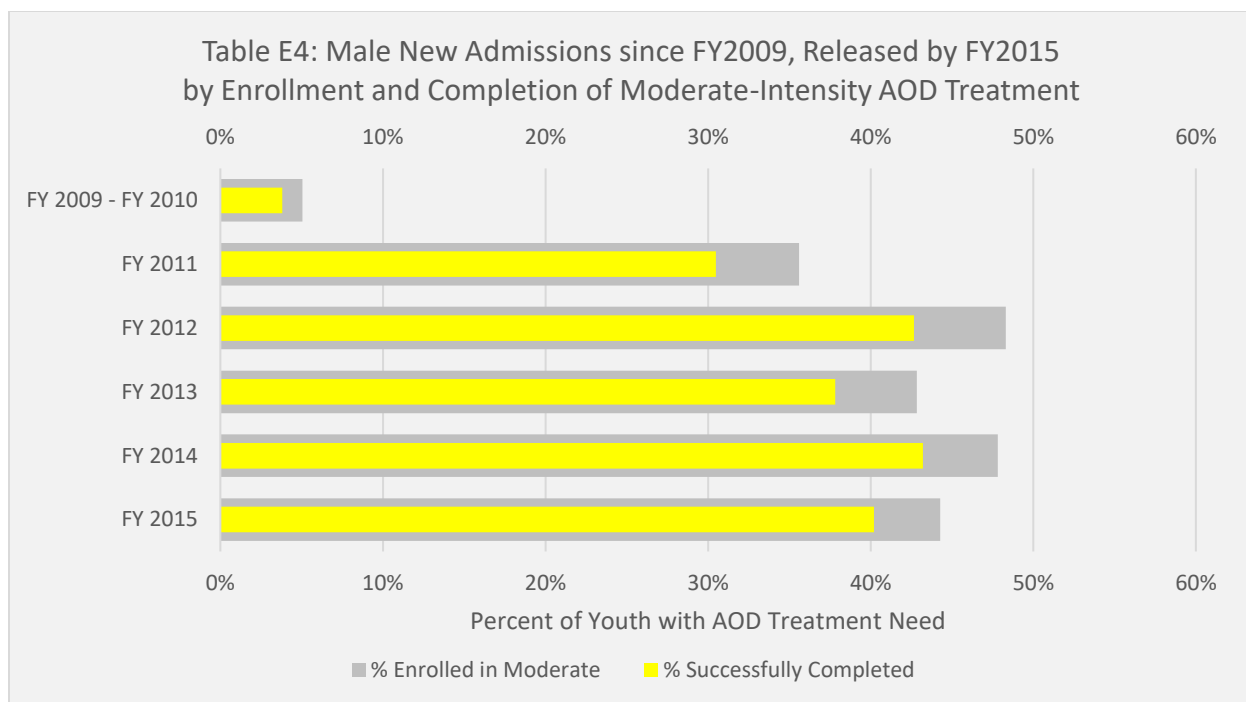
## Males

The vast majority of TJJD males released in FY 2015 – over 90 percent – had AOD treatment needs. This figure is up from 78 percent of youth released in FY2009 – 2010. Access to AOD treatment has also increased. The number of youth with treatment needs who were not enrolled has shrunk from 42 percent in FY 2009 – 2010 to 10 percent in FY 2015. Only a small fraction of those not enrolled in treatment had high or moderate needs.

Successful completion rates for boys enrolled in AOD treatment are fairly high and quite stable. Over 85 percent of youth enrolled in high- or moderate-intensity AOD treatment since FY 2011 have successfully completed treatment. (Charts E3 and E4)



Note: Completion has been scaled to percentage of enrollment. For example, in FY15 44% of males with AOD treatment needs were enrolled in high-intensity treatment; 85% of youth enrolled (39% of all males with AOD treatment needs) successfully completed high-intensity treatment.



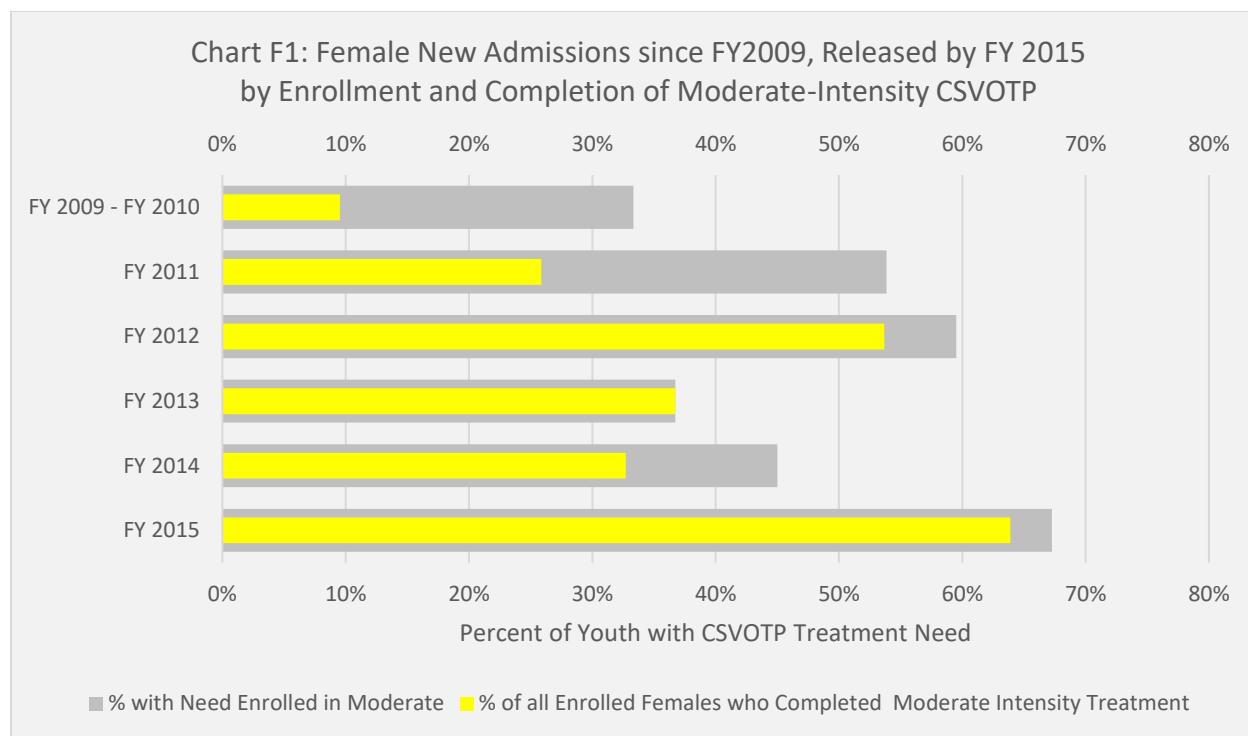
Note: Completion has been scaled to percentage of enrollment.

## Capital or Serious Violent Offender Treatment Program (CSVOTP)

### Female

Examination of the CSVOTP further illustrates a shift in the TJJD population toward youth with more complicated treatment needs. Whereas just over half of female youth had a need for some level of CSVOTP treatment in FY 2012, by FY 2015 a large majority (90 percent) had CSVOTP treatment needs. Relative to other specialized treatment areas, a lower percentage of females with identified needs are enrolled in CSVOTP; among youth released in FY 2015, 27 percent of youth with CSVOTP needs were not enrolled in treatment. It should be noted, however, that most youth not enrolled in treatment are those with low levels of need – since FY 2011, all girls with a need for high-intensity treatment and all but 9 girls with a need for moderate-intensity treatment were enrolled.

High intensity CSVOTP groups involve very small numbers of youth, so the focus of the discussion of treatment completion will be on youth enrolled in moderate-intensity CSVOTP (Aggression Replacement Training). As shown in Chart F1, the vast majority of girls enrolled in moderate CSVOTP in recent years have successfully completed the program; in FY 2015, 95 percent of enrolled youth completed the program successfully.

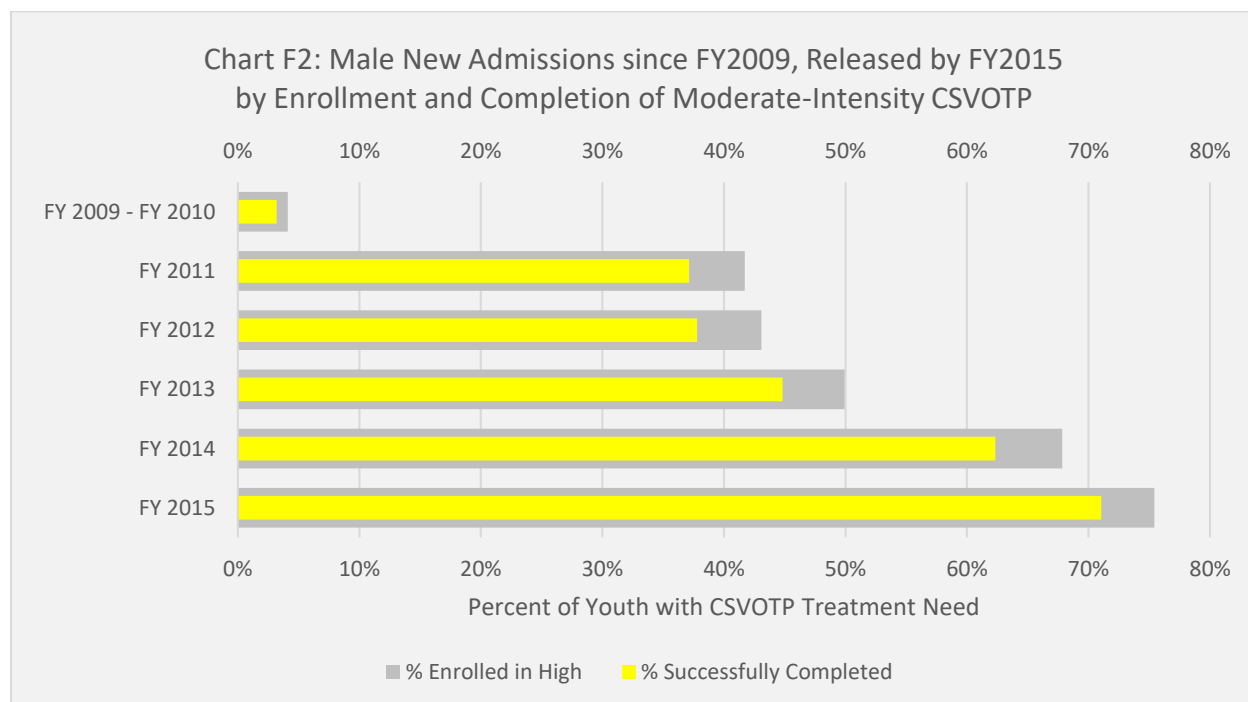


Note: Completion has been scaled to percentage of enrollment. For example, in FY15 67% of females with CSVOTP treatment needs were enrolled in moderate-intensity treatment; 95% of youth enrolled (64% of all females with CSVOTP needs) successfully completed moderate-intensity treatment.

## Males

The need for CSVOTP treatment among TJJD males has also increased in recent years, from 71 percent of youth released in FY 2011 to 96 percent of youth released in FY 2015. Access to treatment has also increased; though 18 percent of youth with CSVOTP needs did not receive treatment in FY 2015, the vast majority of those youth were youth with low levels of treatment need - all youth with high needs and all but 1 percent of youth with moderate needs received treatment.

Completion rates for youth enrolled in moderate CSVOTP treatment are fairly stable and quite high. (Chart F2) Completion rates ranged from 88 percent to 92 percent from FY 2011 to FY 2014, and 94 percent of enrolled youth successfully completed the program in FY 2015.

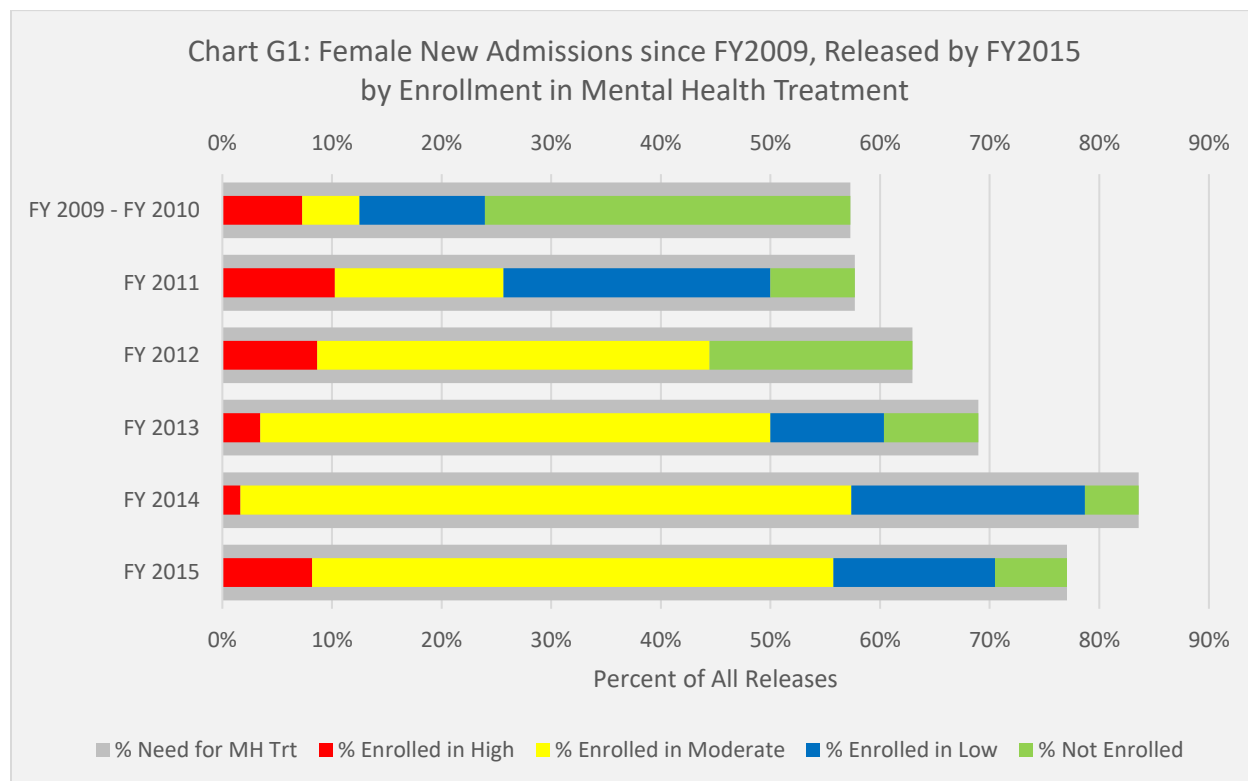


Note: Completion has been scaled to percentage of enrollment. For example, in FY15 75% of males with CSVOTP treatment needs were enrolled in moderate-intensity treatment; 94% of youth enrolled (71% of all males with CSVOTP needs) successfully completed treatment moderate-intensity treatment.

## Mental Health Treatment (MH)

### Female

Over three quarters of females released in FY 2015 have some level of mental health treatment need. Though the percentage of girls with low or moderate mental-health treatment needs varies considerably from year to year, the percentage of youth with high needs remains low, ranging from 2 percent to 8 percent per year since FY 2009 - 2010. As shown in Chart G1, each year since 2013 over 90 percent of all youth with mental health needs, and 100 percent of youth with high levels of need, received treatment.



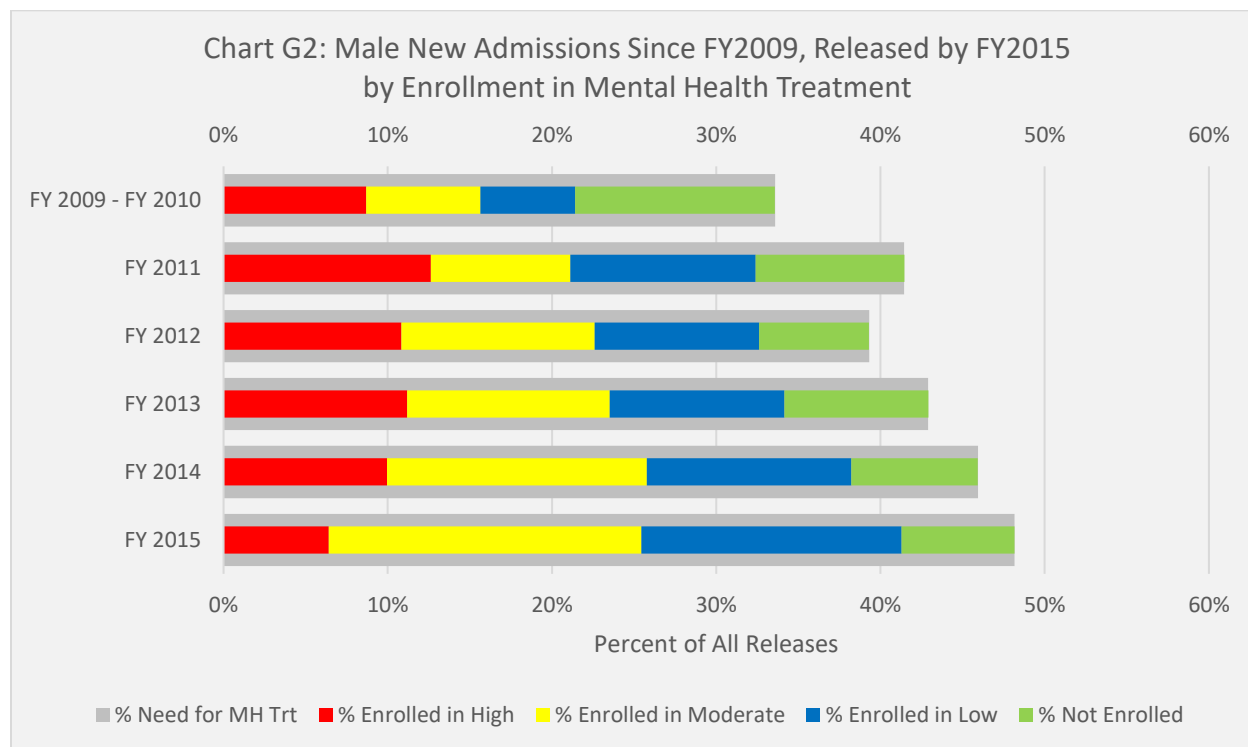
Note: Enrollment has been scaled to percentage of need. For example, in FY15 77% of females had mental health treatment needs; 93% of those youth (71% of females overall) were enrolled in high-, moderate-, or low-intensity mental health treatment.

Note: Youth may be enrolled in more than one level of treatment. Table reflects highest level enrolled.



## Males

Fewer TJJD males than females are in need of mental health treatment, however the percentage of boys with mental health treatment needs is increasing. From FY 2009 – 2010 to FY 2015, the proportion of youth with mental health needs increased from about a third to nearly half. As shown in Chart G2, access to treatment has increased alongside treatment needs. Since FY 2011, less than 10 percent of youth did not receive treatment, and the vast majority of those were youth with low levels of need.



Note: Enrollment has been scaled to percentage of need. For example, in FY15 48% of males had mental health treatment needs; 93% of those youth (41% of males overall) were enrolled in high-, moderate-, or low-intensity mental health treatment. Note: Youth may be enrolled in more than one level of treatment. Table reflects highest level enrolled.

## Sex Offender Treatment (SBTP)

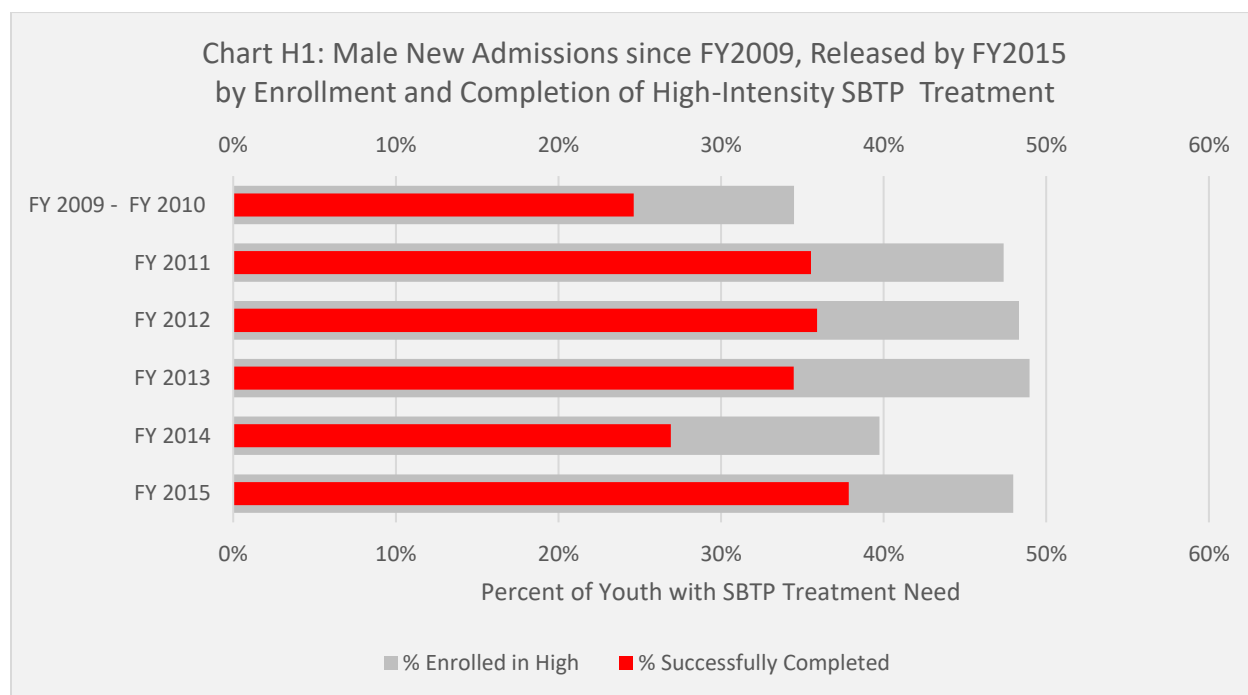
### Female

The number of TJJD females with sex offender treatment needs remains very low, therefore males are the focus of this section.

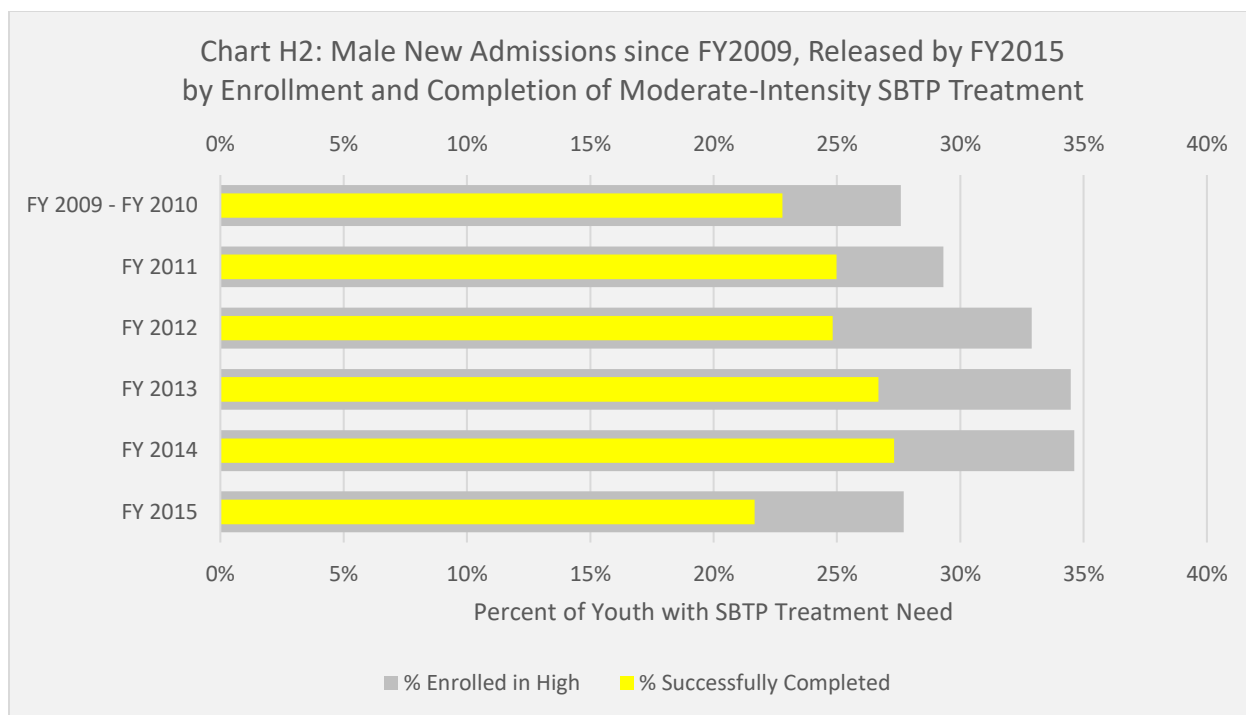
### Male

A small but increasing percentage of TJJD youth have SBTP treatment needs. The percentage requiring some level of treatment increased to 23 percent in FY 2015. Though 5 percent of youth with SBTP need were not enrolled in treatment in FY 2015, these were exclusively youth with low levels of need - all youth with moderate or high needs for sex offender treatment were enrolled in treatment.

Nearly 80 percent of youth enrolled in high- or moderate-intensity SBTP treatment successfully completed the program prior to release in FY 2015. (Charts H1 and H2)



Note: Completion has been scaled to percentage of enrollment. For example, in FY15 48% of males with SBTP needs were enrolled in high-intensity treatment; 85% of youth enrolled (39% of male youth with SBTP needs overall) successfully completed high-intensity treatment.



Note: Completion has been scaled to percentage of enrollment.

## PAWS

Expansion of the **Pairing Achievement with Service (PAWS)** program, a unique canine therapy program in which TJJD youth spend 12 weeks training and bonding with a K9 partner, making the dog suitable for adoption. The K9 relationship and associated responsibilities have proven highly effective in building empathy, self-esteem and positive work habits in participating youth. Since its start in 2010, 156 girls, 12 boys and 147 dogs have completed or were enrolled in the PAWS program in the fall of 2016. Participants saw statistically significant improvements in all of the top eight “protective factors,” and in six of the top eight risk factors. Improvements in these factors **increase youths’ chance of successful rehabilitation**. Also, on average, youth that completed PAWS are involved in less than half the number of major incidents per 100 days, compared to youth that did not complete the program, or 1/20th the number of incidents when compared to all TJJD youth.

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# FAMILY ENGAGEMENT AND SATISFACTION SURVEY RESULTS

During 2016, a concerted effort was made to increase the number of families of TJJD youth who participated in Multi-Disciplinary Treatment Team Meetings, in-person visitation, and virtual visitation. As a result, these numbers increased significantly. The chart below compares the frequency rates of the last quarter in 2015 to the last quarter of 2016.

Family Supports	2015 Q4	2016 Q4
Families participating in MDT assessments	678	<b>854</b>
Youth receiving web-based visits	20	<b>68</b>
Youth receiving in-person visits	576	<b>685</b>

An annual satisfaction survey is made available to family members of youth in TJJD in English and Spanish on the agency website. Families are invited to give feedback based on their perception of how services are being provided to their youth in the areas of education, case management and treatment, medical treatment, safety and security, youth rights, religious freedom, and family liaison support. Results of the survey are then used as benchmarks for setting department goals and measuring customer service to this group of stakeholders. It is our hope that as the survey results improve, the level of family engagement in our facilities will increase; thereby, our youth will have improved behavior and academic achievement. This is supported by a 2013 Vera Institute of Justice study by the Families as Partners Group.

In 2016, we nearly doubled the number of families who participated in the annual satisfaction survey. A total of **457 family members took the survey** and all areas except one showed a positive increase in the satisfaction rating. Family members were asked to indicate their level of satisfaction in response to the following statements:

- Q5. My child has made progress in education while in TJJD.
- Q6. My child receives the necessary medical treatment.
- Q7. I get timely responses to my questions about my child's medical care.
- Q8. I am notified in a timely manner when my child is seriously sick or injured.
- Q9. The case manager has involved me in my child's individual case plan and the planning for his/her return to the community.
- Q10. TJJD is helping my child make positive changes.
- Q11. I am able to reach staff when I have questions.
- Q12. I am treated with respect when I visit TJJD facilities.
- Q13. Grievances that my child has filed are handled in a timely and fair manner.
- Q14. My child is safe at the current TJJD facility.
- Q15. My child is given the opportunity to worship in the religion of his/her choice.
- Q16. The family liaison assists me in communicating my child's needs to other TJJD staff.

The table below summarizes the overall satisfaction rating (agree and strongly agree) of the twelve evaluative questions among those who responded for secure facilities, halfway houses, and residential contract placements. Not all participants answered all 12 questions below, and only the

responses for “agree,” “strongly agree,” “disagree,” and “strongly disagree” were included in the analysis. Responses of “does not apply” were excluded from the results.

Q	Topic	2016 Ratings	% Change	2015 Ratings
5	Education	<b>86%</b>	+1	85%
6	Medical Treatment	<b>82%</b>	+1	81%
7	Questions re: Medical Care	<b>79%</b>	+1	78%
8	Notifications re: Illness/Injury	<b>79%</b>	+4	75%
9	Re-Entry Planning w/Family	<b>85%</b>	+4	81%
10	Positive Youth Changes	<b>87%</b>	+2	85%
11	Availability of Staff	<b>83%</b>	+3	80%
12	Families Treated w/Respect	<b>97%</b>	+9	88%
13	Grievances Resolved Timely & Fair	<b>89%</b>	+6	83%
14	Safety of Youth	<b>86%</b>	+6	80%
15	Religious Freedom	<b>97%</b>	+7	90%
16	Family Liaison Support	<b>84%</b>	- 6	90%

Questions showing the greatest improvement regarded the religious freedoms being protected (+7 points), safety of youth in residential placements (+6 points), families being treated with respect (+9 points), and grievances resolved in a timely and fair manner (+6 points). A decline in the satisfaction rating for family liaison support is attributed to recent turnover in this position.

# MENTORING PROGRAM EFFECTIVENESS

In recent years, TJJD produced an annual report evaluating the effectiveness of its mentoring program. For FY 2014, the report contained a recidivism analysis in which predicted probabilities of recidivating were compared to actual rates for mentored youth. Results indicated TJJD's mentoring program was effective in reducing recidivism rates, even when controlling for certain youth characteristics correlated with recidivism (e.g. offense history, race, gender, etc.). Such analysis will now take place at the close of even-numbered years going forward. The current report, which was produced at the end of fiscal year 2015, lacks the predicted probabilities of recidivating. Nevertheless, the results of this analysis reveal positive youth outcome measures.

Key findings from this year's evaluation include:

- Mentored youth have fewer prior criminal offenses than non-mentored youth.
- Mentored youth are more likely to have multiple specialized treatment needs.
- TJJD's mentoring program is successful in serving its target population (i.e. youth with longer sentences/minimum lengths of stay). Youth with long-term mentor matches are most likely to have high severity committing offenses and determinate sentences. They are also more likely to have been committed at age 14 or younger.
- Though results vary by release year, aggregated annual results show mentored youth are less likely to be rearrested or re-incarcerated than non-mentored youth.
- Mentored youth also have better academic outcomes. They are more likely to earn a GED or high school diploma, and are more likely to be reading at grade level upon release.

Among new admissions since FY 2009 who were released by FY 2014, 815 youth were matched with a mentor in TJJD's mentoring program. Of these, 369 youth had a mentor match lasting 180 days or more. There are notable differences between youth with sustained mentor matches and those with shorter mentor matches or no mentor match at all. Across all recidivism measures, rates are lowest for youth with long-term mentor matches. Thirty-six percent of youth with more than 180 days of mentoring were rearrested within one year, compared to 44 percent of those with shorter matches and half of youth without mentoring. Three years after release, about a quarter of youth with long-term mentoring were re-incarcerated, whereas nearly a third of those with shorter-term mentoring and over a third of those with no mentoring at all were re-incarcerated.

## One-Year Recidivism Rates

TJJD youth who had a mentoring relationship were less likely to be rearrested than those without a mentoring relationship. One-year re-arrest rates are often lowest for youth with long-term mentor matches. Among youth released from TJJD in FY 2014, 29 percent of those with more than 180 days of mentoring were rearrested within one year of release, whereas 44 percent of those with less than 180 days of mentoring, and 47 percent of those without mentoring, were rearrested within a year.

When examined by length of mentor match, one-year re-incarceration rates vary widely from year-to-year. In some recent years – FY 2010, FY 2011, and FY 2013 – youth with more than 180 days of mentoring were re-incarcerated at lower rates than youth with shorter-term matches; in FY 2012

and FY 2014, however, the opposite is true. Again, caution is urged when interpreting re-incarceration rates, as they may be reflective of changes in parole revocation policies and not new delinquent offending.

ONE-YEAR RE-INCARCERATION RATES BY TOTAL DAYS OF MENTORING  
NEW ADMISSIONS SINCE FY2009, RELEASED FY2010 - FY2014  
TABLE I.1

		Fiscal Year of Release				
		2010	2011	2012	2013	2014
NO MENTORING (n=3515)	%	18	16	15	15	15
LESS THAN 180 DAYS OF MENTORING (n=437)	%	25	14	15	14	10
MORE THAN 180 DAYS OF MENTORING (n=361)	%	9	13	19	10	15

Among youth released from TJJD in FY 2010 – FY 2014, those with more than 180 days of mentoring were least likely to be rearrested for a *violent offense* within a year of release. As shown below in the table below, youth with shorter-term mentoring matches were slightly more likely to be rearrested for a violent offense, and those without any mentoring at all were most likely to be rearrested for a violent offense.

ONE-YEAR RE-ARREST RATES FOR VIOLENT OFFENSE BY TOTAL DAYS OF MENTORING  
NEW ADMISSIONS SINCE FY2009, RELEASED FY2010 - FY2014  
TABLE I.2

		Fiscal Year of Release				
		2010	2011	2012	2013	2014
NO MENTORING (n=3515)	%	13	13	10	9	12
LESS THAN 180 DAYS OF MENTORING (n=437)	%	10	13	9	7	10
MORE THAN 180 DAYS OF MENTORING (n=361)	%	.	6	6	1	6

### Three-Year Recidivism Rates

Mentored youth were re-incarcerated within three years of release from TJJD at substantially lower rates than non-mentored youth. Three-year reincarceration rates were lowest for youth with more than 180 days of mentoring in FY 2010 and FY 2011 (Table 13). Among the FY 2012 cohort of releases, however, 24 percent of youth with shorter-term mentor matches were re-incarcerated within three years and 28 percent of youth with long-term mentor matches were re-incarcerated within three years.

THREE-YEAR RE-INCARCERATION RATES BY TOTAL DAYS OF MENTORING  
NEW ADMISSIONS SINCE FY2009, RELEASED FY2010 - FY2012  
TABLE I.3

		Fiscal Year of Release		
		2010	2011	2012
NO MENTORING (n=2281)	%	40	41	37



<b>LESS THAN 180 DAYS OF MENTORING (n=287)</b>	<b>%</b>	43	35	24
<b>MORE THAN 180 DAYS OF MENTORING (n=204)</b>	<b>%</b>	24	31	28

## Education Outcomes

In recent years, TJJD youth with mentoring relationships have earned GEDs or high school diplomas at higher rates than youth without mentoring relationships. For youth released from TJJD since FY 2013, well over 60 percent of those with more than 180 days of mentoring received their GEDs or high school diplomas within 90 days of release. In FY 2013 and FY 2014, 51 and 48 percent of youth with shorter-term mentor matches earned a GED or high school diploma, and slightly smaller percentages of youth with no mentoring at all earned a GED or high school diploma.

**HIGH SCHOOL DIPLOMA OR GED WITHIN 90 DAYS OF RELEASE  
NEW ADMISSIONS SINCE FY2009, RELEASED FY2010 - FY2014**  
TABLE I.4

		Fiscal Year of Release				
		2010	2011	2012	2013	2014
<b>NO MENTORING (n=3221)</b>	<b>%</b>	39	48	49	49	45
<b>LESS THAN 180 DAYS MENTORING (n=396)</b>	<b>%</b>	40	53	51	51	48
<b>MORE THAN 180 DAYS MENTORING (n=327)</b>	<b>%</b>	44	42	44	64	63

At least 16 years old at release

In all recent release cohorts, higher proportions of mentored youth were reading at grade level upon release from a TJJD facility. In FY 2014, 21 percent of youth with more than 180 days of mentoring were reading at grade level upon release, compared to 17 percent of youth with less than 180 days of mentoring and 14 percent of youth with no mentoring at all.

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# EDUCATION

## RELATED PROGRAMS AND SERVICES

TJJD Education focuses on an integrated approach to education, treatment and intervention. When reviewing the characteristics of youth committed, TJJD Education incorporates many different approaches to address multiple and interrelated needs. These include a focused education, transition and re-entry services, and family involvement and support. Although this report focuses primarily on rehabilitation and treatment services, it is important to emphasize that youth treatment outcomes are influenced by factors greater than any one program alone. For example, a youth may perform well in the sexual behavior treatment program, but his or her successful outcomes will depend not only on what they learned in a specialized treatment program, but also on variables such as their ability to obtain a high school diploma or GED and find employment upon release. A shared goal for all TJJD divisions is reintegration of the youth into the community through the support provided during their stay at TJJD facilities. Information on related programs and services for the youth are provided below.

## EDUCATIONAL PROGRAM

During FY2016, the TJJD Education division focused on numerous interventions that align with core principles for reducing recidivism and improving youth outcomes. The education division has sustained its use of Positive Behavioral Interventions and Supports (PBIS), a proven framework that uses behavioral data for individual and targeted interventions, as well as system-wide improvements. TJJD Education uses multi-tiered intervention systems not only in the PBIS system, but also in the Response to Intervention (RtI) program that monitors academic progress for struggling students. This offers more intensive, individualized support for youth who fail to respond to standard interventions. The concept of increasingly intensive and individualized supports parallels with the important treatment concept of the Risk-Needs-Responsivity Principle. In both approaches, the intensity of supports provided matches the risks and needs presented by the individual youth.

The division also sustained its investment in building relational capacity through the Capturing Kids' Hearts program. As TJJD Education moves to a multi-tiered intervention system, it is imperative to monitor fidelity of PBIS and the Capturing Kids' Hearts program to ensure system-wide implementation and improved youth outcomes. Further, TJJD Education has partnered with Texas State, A&M University and Region 13 Educational Service Center to develop an evaluation designed for correctional youth education departments to ensure state-wide fidelity for all facilities. To ensure these programs remain stable and supported, new hires are trained as part of the on-boarding process.

To further develop the integration of multiple systems, the education division uses an in-house database to capture "minor" behavioral incident data in a manner that local Professional Learning Communities (PLCs) comprised of teachers and administrators are able to use the data to design effective interventions. In addition, through the acquisition and analysis of these data, TJJD Education is able to support additional interventions for youth who fail to respond to standard interventions.

During the current school year, master schedules have included Aggression Replacement Therapy (ART), a proven targeted group, secondary intervention for youth with behavioral problems in schools. This requires coordination between treatment and school personnel to address student needs while addressing an integrated, holistic view of each youth. Classroom teachers are also learning ART strategies to ensure a wraparound approach when addressing aggression issues.

The development of a tablet incentive program addresses the youth's individual risk factors, especially those around skill development and demonstration. The tablets will help facilitate and shape behavior and build coping skills through targeted skill development with directed practice, positive reinforcement, and staff modeling of pro-social skills. The tablets will serve as a valuable resource for reducing boredom, rewarding good behavior by extending technology privileges, and facilitating youth education and rehabilitation. The goal is to help youth reduce negative behavior while developing corresponding protective factors to build long-term, internalized changes in behavior. The program is an innovative way to address the youth's behavior issues while monitoring and reinforcing the required tangible changes. These changes in behavior will be shaped by using a system of reinforcers. Desired behaviors need to be rewarded and incentivized, while smart consequences need to be applied to problem behaviors. Ultimately, the goal for each campus is to achieve a state of transition readiness, with a solid plan for community re-integration and development of the skills necessary to achieve long-term positive outcomes. These applications will tailor each youth's academic/workforce development program to their individual needs.

## **FUTURE FOCUS**

The coming school year, TJJD Education has implemented our first dual credit endeavor with a career and technology education welding course. Additionally, collaboration is underway to expand dual credit in a CTE course at 3 other facilities. TJJD Education is also implementing supplemental certifications in the areas of OSHA, First Aid and CPR to enhance industry skill development and certifications for students. We will look to expand those opportunities to other facilities.

## **TJJD EDUCATIONAL PROGRAM OUTCOMES**

### **Positive Youth Development**

Education measures below reflect performance for FY2016. Included are four agency performance measures with 5 year trends, GED and diploma rate, percent of students reading at grade level at release, average school attendance, industrial certification measures, and a measure for post-secondary success in college courses. Data reflect the performance of all students enrolled during the period.

<b>GED and Diploma Rate FY 2011-2106</b>						
<b>FY</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Diploma or GED Rate</b>	38.72%	41.43%	41.37%	47.51%	40.14%	44.43%
<b>Reading Rates FY 2011-2016</b>						
<b>FY</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Percent of Students Reading at Grade Level at Release</b>	14.61%	16.27%	17.04%	17.21%	17.14%	20.87%

### Reading at Grade Level at Release

FY2016, 20.87% of youth were reading at grade level at the time of their release.

The TJJD Education Reading Program operates effectively following agency policies and procedures (EDU.13.51 and GAP.380.9155) and criteria mandated in Texas Education Code Chapter 30.106. TJJD Education tracks reading performance data, administers the TABE test every six months to every student, gives the TOWRE-2 (a test of word reading efficiency) to all students at entry and again at least 15 days and not more than 30 days before a student is released from TJJD.

### Average Daily Attendance Rate

During the 2015-2016 school year, 97.2% of the enrolled youth attended school daily as measured by protocols approved by the Texas Education Agency for student attendance accounting. The attendance rate has been highly consistent over time, and was 97.9% in school year 2011-2012.

Average Daily Attendance Rate	
2015-2016	97.2%
2014-2015	98.3%
2013-2014	98.7%
2012-2013	98.6%
2011-2012	97.9%

### Industrial Certifications

During FY2016, 362 industrial certifications were earned by 1273 youth enrolled during the school year in career technology courses. This compares to 263 industrial certifications earned by 1236 youth enrolled during the 2015 school year in career technology courses.

Number of Industrial Certificates Issued by FY	
2016	362
2015	263
2014	303
2013	356
2012	435

### Industrial Certification Rate

During FY 2015-2016, the percent of students enrolled in 9th grade or above who earned an industry certificate was 34.95%. The certification rate increased from 14.89% during FY2010-2011, which is a significant increase. Paradoxically, the recent creation of Career Academies will decrease the industrial certification rate. Career Academies offer post-graduation opportunities for older students to develop expertise along a career path, thereby improving their chances for successful re-entry to the community. Available CTE instructional hours are capped by the number of CTE teachers available. Since post-graduate youth spend more time and use a relatively higher share of available CTE instructional hours in Career Academies, the total number of post-graduate and non-graduate students enrolled in CTE courses will decrease. If additional CTE teachers were available, CTE instructional time for students who have not yet earned their diploma or GED would increase, as would the industrial certification rate.

Industrial Certification Rate ( Students Enrolled who earned a certificate)	
2015-2016	34.95%
2014-2015	28.10%
2013-2014	28.08%
2012-2013	33.64%
2011-2012	36.85%
2010-2011	14.89%

### College Course Enrollments and Course Completions (Passed)

During the 2015-2016-school years, 131 students completed 199 college courses for dual high school credit or straight college credit. This compared to the 2011-2012-school year when 121 students completed 127 college courses for dual high school credit or straight college credit.

College Course Enrollments and Course Completions (Passed)*		
School Year	# of students	# of courses
2015-2016	131	199
2014-2015	118	149
2013-2014	194	203
2012-2013	153	175
2011-2012	121	127

\*Dual high school credit included

# CAPSTONE PROJECT STATUS UPDATE

## Update on the Team:

The Texas Juvenile Justice Department Capstone Project is in full implementation, across all secure facilities. In May, 2016, the project had only the two pilot sites using the Capstone initiatives. Gainesville and Ron Jackson units each have youth in off-campus employment (the first target group) and youth engaged in on-campus targeted skills building and employability training (the second target group). Each campus has released one of the off-campus employment involved youth. In the second target group, Gainesville released ten youth, while Ron Jackson released three youth. In the month of May, the remaining three facilities were given the green light to begin to build their local Capstone teams for full implementation.

## Goals of the Project:

- increase flexibility of youth scheduling;
- individualize youth scheduling to more efficiently address youth risk and protective factors;
- tailor Multi-Disciplinary Team decision making to more closely address youth treatment needs;
- use strategies that
  1. allow youth with a GED or high school diploma to seek off-campus employment (first target group); and
  2. identify youth with a GED or high school diploma who have not progressed well in treatment, and provide an individualized plan that offers more intensive treatment involvement and targeted skills-building at one of our facilities (second target group).

## Program Goals, Principles, and Practices:

The ultimate goal for each Capstone youth is to achieve a state of transition readiness, with a solid plan for community reintegration and the skills necessary to achieve the long-term positive outcomes they set for themselves. The Capstone program is built around principles and practices focusing on the specific risk factors that contribute to each youth's maladaptive behaviors. The program addresses the youth's individual risk factors, especially those pertaining to skill development and demonstration, and strives to help youth reduce these risk factors while developing corresponding protective factors to build long-term, internalized changes in behavior. The program enhances intrinsic motivation through the use of motivational interviewing techniques and positive reinforcement, utilizes proven curricula such as Aggression Replacement Training (ART®), and focuses on targeted skill development with directed practice. Job readiness groups are a major program component and continue through the duration of program enrollment. In addition, the program is built around the development of positive group culture, teamwork, and leadership skills.

The principles and practices of the Capstone program include:

- providing youth an opportunity to develop the motivation and skills necessary to reduce disruptive and aggressive behavior in a structured and safe environment;
- increasing intrinsic motivation;
- exploring personal risk factors and their impact on values, thoughts, choices, and behaviors;
- shaping behavior and building coping skills through targeted skill development with directed practice, positive reinforcement, and staff modeling of pro-social skills;
- fostering the teamwork experience through positive peer interactions in a working environment;

- helping youth internalize behavioral change by reinforcing demonstration of learned skills;
- tailoring each youth's academic/workforce development program to their individual needs;
- provide an environment designed to practice skills for healthy relationship building; and
- provide job readiness skills, which support community reintegration with support for relapse prevention and which include:
  - listening actively;
  - reading with understanding;
  - using math to solve problems;
  - solving problems and making decisions;
  - cooperating with others;
  - resolving conflict and negotiating;
  - observing critically; and
  - taking responsibility for learning.

### **Target Population–Capstone Youth:**

The Capstone program targets a small number of youth who directly and indirectly impact the agency, the assigned facility, and the youth and staff who interact with them. Most youth who engage in disruptive and/or aggressive behaviors respond, over time, to standard behavioral interventions. Within TJJD, the standard tools used to manage and treat maladaptive behavior include counseling, loss of privileges, skill development groups, placement in redirect programs<sup>1</sup>, and other individual behavior management plans implemented in the youth's individual case plan (ICP). Consequences for major rule violations include a loss of stages or an extended loss of privileges, an extension added to the minimum length of stay imposed by the Release Review Panel (RRP), and for youth with determinate sentences, a recommendation for a transfer to prison. Youth who persistently engage in violent behaviors can be placed in the Phoenix program<sup>2</sup>. For a small subset of TJJD youth who have earned their high school equivalency, these tools have proved ineffective in reducing the frequency and intensity of disruptive and aggressive behavior. It is this specific subset of youth who are the target population for the Capstone program.

Each youth chosen for the Capstone program exhibits individual behavior that poses a threat to the safety of staff and youth around them. These Capstone youth:

- require a tremendous amount of staff time and energy to manage and to redirect behavior;
- present a major disruptive effect on their assigned campuses;
- diminish the agency's ability to maintain a therapeutic environment;
- undermine the sense of security that is necessary for all youth to fully participate in the educational environment;
- distract staff from their focus on reinforcing positive values and skill development initiatives that are critical to the success of other youth; and
- pull educational staff away from teaching curriculum.

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<sup>1</sup> The Redirect program (RDP) delivers intensive interventions in a structured environment for youth who have engaged in certain serious rule violations. The program is designed to promote violence reduction and skill building to increase safety on TJJD campuses. Each facility has an RDP.

<sup>2</sup> The Phoenix program is designed to protect staff and youth in TJJD state-operated facilities from highly aggressive youth while providing these youth a highly structured, self-contained environment to reduce their aggression and to progress in treatment. It is located at the Mart facility.



Capstone youth collectively account for a disproportionate number of responsivity center referrals<sup>3</sup> and admissions to the security unit.

### **Unintended Consequences:**

Capstone provided several outcomes that were not initially predicted or planned. On a large scale within the agency, the actual implementation of the project presented an opportunity for our new Executive Team to establish and guide the development of our new mission and vision statements. The project contributed to an expansion in our culture of collaboration among staff and facilities by providing an environment of increased cooperation and information sharing. Staff moved from their own facilities to see each other's projects and to train and develop the next campus team. From the activities executed during implementation, the Director Huddle (a weekly phone call among division directors to share ideas) was begun.

The Capstone project did have a positive impact in the area of interagency collaboration, as the campuses have connected with the services of the Texas Workforce Commission (TWC). TWC offered the youth employment assessment, counseling and basic training in interviewing and job related skills. In this process, the youth learned about and used a valuable resource that will be available upon their release to their home community.

The Capstone project arose out of the difficulties inherent in the agency's attempts to schedule the youths' day in a way that addresses all of the youth's needs. As a result of these conversations, TJJD developed a flexible block schedule for education that allows for more time in the day to offer treatment and enrichment activities.

### **Challenges:**

1. The first challenge that the Capstone project presented was the inability to rollout substantive scheduling changes without additional staff positions or funding for implementation. TJJD overcame this obstacle by starting very small in the target population, by using creative, no-boundaries thinking, and sharing strategies across campuses. Capstone staff are hired out of existing staff pools. Facility resources were used, such as maintenance equipment and tasks, off-campus employment and employment funds that were already available, and behavioral interventions that have proven effectiveness were used.
2. The second challenge was in changing the mindset of the staff in secure care. Historically, staff became accustomed to providing the same services on the same schedule to all youth, so the push to individualize care was a foreign concept. Additionally, some staff tended to feel nervous about the increased movement and "freedom" that the project provided for youth. The youth targeted by this project are by and large some of the most challenging youth behaviorally, so it was important that the project ensure that staff had the intent to give the youth a second chance. The project presented concepts to staff that are counter-intuitive to the correctional mindset. In many ways, this was a means to reduce the use of the segregation units as a response to out-of-control behavior for this subset of youth. TJJD overcame this obstacle by starting small; training small teams initially, changing the decision-making of a few Multi-Disciplinary Teams a little at a time, and by meeting weekly to review

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<sup>3</sup> The responsibility center is an area within the academic setting used to intervene in youth's behavior when it cannot be managed in the classroom.

our progress. Staff members were chosen based on their skill level in providing teaching and coaching to youth. The selection of core members was critical to the success of the program because it was hypothesized that the relationship between staff and youth would be the actual change agent.

3. Another challenge that arose as the program progressed was that youth who participated longer than a few months seemed to lose motivation and interest as time passed. However, as some youth progressed and gained the chance to release, the youth staying longer found that they could see the possibility of their own release more clearly. The one youth with the longest length of stay in Capstone to date has now accomplished earning no incident reports for 30 days.
4. Finally, one of the outcomes that was not anticipated at the outset is that TJJD is participating in the Youth In Custody Practice Model (YICPM) technical assistance. The agency is poised to make more extensive systemic improvements as a result of the successes of Capstone, so the YICPM challenge has internal and external stakeholders quite excited.

#### **Data and Concrete Youth Outcomes:**

TJJD has not aggregated all of the outcome data at this juncture, but there are some tangible effects that we are proud of:

We closed out services for 15 youth who participated in the program so far. There are only five youth currently enrolled. This is partly due to a change in the primary staffing at Gainesville.

#### **Reporting on the girls:**

Successfully completed program, completed the total length of her determinate sentence and was discharged to the community. She was last working in Houston. You can read about her here. <http://barkpost.com/good/inmate-path-to-freedom/>

Three youth had their services completed at transition to parole but coded as Other.

One youth progressed well in the program but was committed to TDCJ (adult prison) after her recommitment hearing. This is likely related to behaviors committed much before participation in Capstone.

#### **Reporting on boys at Gainesville:**

One youth at Stage YES, worked on campus four months, then off campus 2.5 months. Despite his positive progress, he was ordered transferred to adult prison by the committing court Judge, which was within his purview to do. The youth has, we understand, maintained contact with his off-campus employer and reportedly will have a job available to him when he is released from prison.

One youth transitioned to a halfway house at Stage 4.

One youth transitioned to a halfway house at Stage 3. He stayed for a month, obtained employment and ran from his job after 3 weeks.

One youth was released to parole on Stage 3.

Five youth were discharged from Capstone at their 19<sup>th</sup> birthdays. Of those five, three were on Stage 1, one on Stage 2, and one on Stage 4. We coded discharges as failures initially, but if a youth leaves on stage 4, I am not sure that applies.

Another youth who is discharged after his 19<sup>th</sup> birthday, transitioned to a halfway house on Stage 4, stayed there until he was released home and he successfully completed his parole, so is no longer on supervision. He is coded as discharged, but he left Capstone in December, so he is one of the successes.

I am also attaching a preliminary data tables from Gainesville and Ron Jackson that post the Piers-Harris scores. I can include what our researchers thought, but I will attach the tables first for your review. I am not sure if it is very instructive at this point.

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# RE-INTEGRATION REPORT

## Re-Entry and Re-Integration

In 2009, the 81st Texas legislature required the agency to develop a comprehensive reentry and reintegration plan for each child committed to the agency (Texas Human Resource Code, Section 245.0535). The plan for each child is required to contain elements applicable to them including, but not limited to: housing assistance, a step-down program, family counseling, academic and vocational mentoring, trauma counseling, and other appropriate specialized services. The intent of the legislation was to “ensure that each child receives an extensive continuity of services from the time the child is committed to the department to the time of the child’s final discharge from the department.” The agency, under this legislation, was also required to develop a comprehensive reentry and reintegration plan which provided for an assessment of each child’s needs in order to develop an individualized plan for that child, programs that address the assessed need of each child, and a comprehensive network of transition programs and providers in the communities who can adequately service youth.

The comprehensive plan, describing the agency’s path to achieving the statutory requirements, known as “Cultivating Success: The Reentry and Reintegration of TYC youth” was finalized in June 2010. Since that time, the agency has published 2 additional reports as required, by December 31 of each even-numbered year, reporting on compliance with the statute and resulting recidivism outcomes. This year, the required information is being captured within the context of the agency’s overall treatment effectiveness report since efforts to improve the re-entry process and outcomes are intertwined with other agency initiatives and treatment programs.

As part of its involvement in the Youth in Custody Practice Model (YICPM), TJJD formed a Re-Entry workgroup to analyze current agency gaps in current practice, as compared to best practices. The agency also underwent a reorganization of the re-entry and parole functions, creating the Division of Youth Placement, Re-Entry and program Development on September 1, 2016. This reorganization conveyed a strong message about the importance of enhanced focus on integration of a re-entry system within the broader context of the agency’s rehabilitation program, as opposed to having stand-alone and disjointed re-entry functions in multiple agency divisions. The agency adopted the following Re-Entry Vision Statement, which underscores the intent of the human resources code and captures the best practices outlined in the YICPM:

*We provide a proactive, strengths-based, and holistic re-entry experience created with, and for, youth and their families, which begins at the time of commitment and continues beyond discharge. The approach is based on assessed level of risk and targeted interventions, with the final outcome being self-efficacy and self-reliance. Successful re-entry will encompass family advocacy, empowerment, academic achievement, vocational & employability skill development, and a connection to community resources and supportive relationships.*

Best practice for re-entry means that the process begins when the youth arrives at the intake unit and continues seamlessly, with strong collaboration between case manager, parole officer, the youth and his /her family, while the youth is in residential programs. This process has been fully described in prior Reentry and Reintegration reports published by the agency. A strong re-entry system must tie the youth to education, employment, stable housing, a strong and prosocial support system, aftercare services to address on-going treatment needs and other developmental needs and, it needs to do so in a coordinated and well integrated manner. Although, these services have been in place within TJJD, the full integration is an area of our work that is absolutely critical to enhancing the opportunity for successful outcomes, and is the focus of the YICPM workgroup.

The workgroup identified the following current gaps which will be addressed with policy and procedure changes, training initiatives, quality assurance measures and performance outcome goals in order to ensure sustainability:

Gap 1: Youth and families need to be taught to navigate systems (medical, behavioral health, educational, workforce, human service agencies, community resources, housing, transportation, recreational/leisure) and to appropriately advocate for themselves within these systems. This moves the youth toward permanency after discharge.

Gap 2: Youth need additional interpersonal life skills (“soft skills”) training, with practice embedded throughout their structured days in residential programs. Furthermore, youth should be provided reality-based experiences where they can develop and refine the skills that will be applicable to their individual community and life circumstances so that they are truly ready for release.

Gap 3: The agency needs to develop and utilize innovative internal marketing tools that underscore re-entry as an integrated process that begins at intake, continues through discharge, and shows successful outcomes for youth and families.

Gap 4: More youth need mentors who begin their supportive relationships with youth in residential placements and continue that relationship once the youth is in the community. This will enhance connectedness to the community beyond the biological family unit.

Gap 5: Although a network of providers and services exists, continuity and oversight of these services for quality outcomes needs improvement. Field staff, facility staff and contracted community providers need to work as a consistent team with the youth and family using an integrated and comprehensive case plan to drive the process.

Gap 6: TJJD needs to improve the model of parole supervision to more clearly reflect best practice, such as:

- smaller residential caseloads to enhance quality contact with the youth in placement and his/her support system in the community;
- basing initial supervision level on risk and protective factors instead of on the committing offense;
- supervision strategies that emphasize changing attitude and behavior rather than merely following conditions of parole; and
- ensuring parole officers have opportunities for advanced and continuing education/training in communication skills, such as Motivational Interviewing.

In addition to doing the work to identify and gain addressing these gaps, the agency has continued several initiatives described in prior reentry and reintegration reports and have made some additional gains. Examples of “quick wins” toward meeting statutory requirements for youth’s individual needs/plan and closing the identified gaps are:

**Youth ID’s:** During FY 2015, TJJD maximized efforts with the Texas Department of Public Safety to enhance the opportunity for youth to obtain a state identification card prior to release to the community. A state identification card allows youth to immediately seek employment, enroll in educational programming and/or receive Federal assistance upon release to the community.

**Independent Living Preparation (ILP) and alternative housing efforts:** TJJD recognizes that addressing the youth's needs for housing is critical for positive outcomes beyond parole services. Older youth, at times cannot return home due to many circumstances and are at high risk for homelessness. Historically, TJJD has addressed this area with the independent living preparation and subsidy program which has encountered a significant decrease in funding. TJJD plans to re-grow the independent living preparation and subsidy program by requesting additional funds to address these hard to place youth and to prepare them for sustainability after their stay in TJJD. This request for funding is included in the agency's LAR, Exceptional Items request for the next biennium. The Texas Interagency Council for the Homeless was made aware of decreased funding during a key informant interview for their Texas counts project.

TJJD has partnered the DFPS to offer the Preparation for Adult Living (PAL) independent study guide to DFPS youth in TJJD custody, commonly called crossover youth. This will assist youth in DFPS/TJJD custody in completing PAL making the eligible for subsidies. To make completion easy, In October 2016, TJJD created a logon account for each facility location that allows a staff member to log the youth on so that the youth can access the online independent study guide. The staff will document that the youth has completed 5 hours in each of the six areas in order to receive credit for the course with DFPS.

To address the need for sustainable living, the agency has partnered with outside stake holders to create the Travis County Coalition for Youth. This coalition is pursuing a tiny house initiative that will provide affordable housing to homeless youth between the ages of eighteen and twenty-four. In addition, TJJD has staff in place that identify youth with housing challenges early in the reentry planning process to assist facility and parole staff with locating community based-programs that are already in existence.

**Treatment Family Reunification and aftercare initiatives:** TJJD has recently solicited and secured a network of providers to expand treatment, reentry and aftercare services based on family-focused programming that prioritize involving families much earlier in a youth's stay in residential placement. TJJD has recognized that increased oversight of contracted programming is needed to ensure the fidelity of the models that the contractors have proposed are being practiced as designed. Performance measures have been developed that tie individual family reunification contractor programs to youth's recidivism so that TJJD can allocate scarce resources to specific programs that have better outcomes for youth and families. Additional performance measures will be developed that determine if contracted programming results in increased protective factors and decreased risk factors, results in youth receiving services complete parole successful at higher rates than similar youth that do not participate in the services and that results in 40% of youth referred successfully completes the services.

**Parole youth survey:** In January 2016, the agency began surveying youth who had their parole revoked and were returned to TJJD facilities. The results of the survey are being used by parole supervisors and members of the reentry workgroup to inform the gap analysis and make programming and practice changes. As of September 2016, out of 40 youth interviewed, 43% had their parole revoked for absconding, 38% for a technical violation, 18% for a new offense and 1% had had their parole revoked for something else. When asked an open ended question about the most difficult thing of coming home, many youth responded that returning home to the same setting with the same friend group was very hard. Interestingly, 53% said parole could not have provided them more support.

**Home evaluation form revisions:** In August 2016, staff within the parole division reevaluated the current home evaluation form. This form is completed during the initial 30-60 days of a youth's admission to TJJD and serves the purpose of determining if a parent/guardian's home is suitable for the youth's eventual return based on minimal criteria. More importantly, it provides information to the youth's residential treatment staff about the youth's home living environment. It was determined that effectiveness of case planning could be improved by collecting more information from the families/guardians during this initial contact with the family. As a result, TJJD enhanced the collection of strengths-based information, and extended the scope of inquiry around current family needs, support systems, and the needs of permanency planning for youth and family.

**Halfway House initiatives:** Current TJJD policy allows for some youth to be placed directly into TJJD operated Halfway Houses (HWH) and contracted nonsecure facilities, referred to collectively as step-down programs, following completion of intake assessments and TJJD orientation. Typically 20% of youth are placed into these facilities at intake. This year, the agency piloted a process by which additional youth were afforded the opportunity to go directly into non secure programs. In this way, lower risk youth, even those who may have an adjudication for a violent offense in their history, are given an opportunity to stay at the "shallow end" of the TJJD system.

All other youth are placed in secure facilities, but, they are also assigned a step down program to transition to in the community prior to home. The HWH staff contact these youth early on in their stay at the secure location to encourage them to complete treatment and earn their stages to qualify for transition to the HWH as early as possible. This early transition allows youth the opportunity to field test the skills they have acquired in a structured and supervised location. Opportunities for youth to receive specialized treatment have increased in the HWHs. There are currently three Mental Health Specialists in the HWHs. The LAR requests an additional 5 positions, one for each HWH location. These positions provide AOD Moderate and aftercare, Anger Management, and Mental Health counseling as needed. Additionally, the Workforce Reentry Specialists located in the District Offices have increased their efforts to assist youth in the HWHs with training and employment opportunities.

As a result of the changes in the facility assignment process and other initiatives in the agency, the average daily population for HWHs increased from 134.53 in FY15 to 143.12 in FY16. This is a 6.39% increase in one year. In addition, the number of youth served at the HWHs increased from 561 in FY15 to 614 in FY16. This is a 9.45% increase in one year. Based on the commitment trends, this increase is projected to continue.

**Voluntary Laser Tattoo Removal:** Funding through the GitRedy grant ending in December 2014 afforded TJJD the opportunity to purchase a Laser Tattoo Removal Machine. The TJJD Medical Director oversees the tattoo removal clinic established at Giddings State Home and School in 2015. TJJD-operated tattoo removal services comply with all applicable requirements in 25 TAC §289.301. Trained technicians provide tattoo removal services to youth on a voluntary basis. Priority for the removal is given to tattoos that are visible on the hands, arms, face, or neck; and/or reflect gang affiliation. Since the inception of services in January 2016, 80 youth have received removal services with an additional 22 youth on the list to begin services. To augment tattoo removal availability, TJJD also continues to partner with community programs that provide no cost or discounted tattoo removal services for youth. The removal of visible tattoos enhances the youth's ability to secure employment and be successful in their reentry efforts.

**Family virtual visitation:** In October 2015, San Antonio Parole Office initiated monthly Family Day Web Cams. During this day, 5-8 families are able to have 45 minute virtual/web cam visits with



their son or daughter. During this visit families are able to connect with the family liaison, case manager and parole officer to ask questions, talk about progress and goals. By enhancing virtual visitations, parole officers are able to focus on increasing family contacts and strengthen family relationships while youth are in placement.

**Parole Operations enhancements:** In July 2016 the Regional Parole Supervisors developed a *Parole Action Plan* specifically designed to help integrate the Youth In Custody Practice Model into basic parole services and supervision strategies, and to better communicate the role of parole officers in the re-entry process. Action steps include:

- Providing transition training for institutional case managers and re-entry liaisons
- Providing transition training for parole officers
- Developing guidelines for immediate parole involvement with youth from the time of commitment
- Developing a long term best practice system for parole involvement from the time of commitment
- Revising the program completion and discharge policy to include discharging high severity offense youth before the age of 19
- Developing a plan for engaging families and teaching them how to prepare for the youth's return
- Reviewing the safety concerns for Parole Officers in the field

**Academic and vocational development:** In effort to enhance reentry preparedness of TJJD students the Education Division has partnered with community colleges to pilot two separate initiatives that assist youth with transitioning to post-secondary education by offering dual credit opportunities in vocational classes and acquiring enhancement certifications to assist with acquiring employment once released. Last school year through partnership with Blinn College, vocational students at our Giddings State School had opportunity to earn CPR/Fist Aid and OSHA 10 hour certifications. These certifications serve as supplement to the industry-based occupational certifications students had opportunity to earn in our welding, building trades and automotive classes. We are working to continue those efforts at Giddings State School and explore other resources to expand the offerings to other TJJD schools. Additionally, TJJD Education has partnered with Blinn and Navarro College to pilot the implementation of dual credit in our welding courses at Giddings State School, Gainesville State School and Ron Jackson State Juvenile Correctional Center.

Finally, through the LAR exceptional items request for the next biennium, a request for funding has been made to establish additional Workforce Development Reentry Specialist positions to be located in agency district offices around the state. The focus of these positions is to provide facilitation and support to youth regarding preparation and obtainment of employment and linkage and enrollment in vocational training or continued higher education. These positions assist youth, their families, Parole Officers, Family Liaisons and Halfway House staff to address reentry issues and positively enhance the transition experience. Currently there are only three WDRS that help youth and staff in major metropolitan areas with some travel to other regions. The insufficient number of WDRS results in inconsistent services for youth located in southwest and east of the state to nonexistent service for youth in the western part of the state.

## RECIDIVISM

In accordance with Texas Human Resource Code, Section 245.0535, the agency must conduct, and coordinate research to determine whether the agency's comprehensive reentry and reintegration

plan reduces recidivism rates, and must report the outcomes. The impact of reentry planning and services provided to juveniles after release was measured by tracking juveniles released from residential programs back into the community, either parole or agency discharge, for subsequent arrests and incarcerations.

Re-incarceration rate is defined as the percentage of juveniles released from residential programs who, within one (1) or three (3) years of release, are known to be re-incarcerated to a state-operated juvenile secure juvenile correctional facility or adult state prison or jail facility for a disciplinary purpose, and other than through a temporary placement. This includes felonies, misdemeanors, and technical violations.

Re-arrests rate is defined as the percentage of juveniles released from residential programs who, within one (1) or three (3) years are re-arrested. This includes felonies, as well as A and B misdemeanors.

Recidivism rates will not match previously reported rates due to changes in definition, timing, and other factors.

NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2015  
ONE YEAR RECIDIVISM RATES  
BY YEAR AND SEX  
TABLE J.1

Fiscal Year Released	Sex	Total # Released	% Rearrested w/in 1 Year	% Rearrested w/in 1 Year for Violent Offense	% Reincarcerated w/in 1 Year
2009-2010	FEMALE	95	37	4	17
	MALE	1035	53	12	18
	ALL	1130	52	12	18
2011	FEMALE	77	35	4	16
	MALE	870	52	13	15
	ALL	947	51	12	15
2012	FEMALE	81	31	9	17
	MALE	746	50	9	15
	ALL	827	48	9	15
2013	FEMALE	58	24	.	14
	MALE	705	46	9	15
	ALL	763	44	8	15
2014	FEMALE	61	20	3	18
	MALE	711	48	12	14
	ALL	772	45	11	15
2015	FEMALE	61	23	.	30
	MALE	623	48	11	18
	ALL	684	45	10	19

NEW ADMISSIONS SINCE FY2009, RELEASED BY FY2013  
THREE YEAR RECIDIVISM RATES  
BY YEAR AND SEX  
TABLE J.2

Fiscal Year Released	Sex	Total # Released	% Rearrested w/in 3 Years	% Rearrested w/in 3 Years for Violent Offense	% Reincarcerated w/in 3 Years
2010	FEMALE	95	62	7	19
	MALE	1035	80	29	41
	ALL	1130	79	27	40
2011	FEMALE	77	65	10	27
	MALE	870	78	28	41
	ALL	947	77	26	39
2013	FEMALE	81	58	14	22
	MALE	746	79	24	36
	ALL	827	77	23	35
2014	FEMALE	58	53	10	16
	MALE	705	72	23	34
	ALL	763	71	22	32

## NEXT STEPS

The agency has systemic issues that are being addressed cross divisionally through the YICPM which will positively impact youth outcomes:

First, TJJD recognizes that communication with the family needs to significantly increase from the time that youth are committed and continue throughout the youth's movement at each program intercept. Families need to be provided services, support and encouragement to connect with community-based resources while the youth is in a residential placement, so that they are as best equipped as they can be to receive the youth home. The agency also recognizes that the definition of "family" should be expanded to include other non-traditional "family" members that have a positive influence on the youth. The agency has adopted the following vision statement with regarding to family engagement and is working to close the gaps toward achieving this vision:

*We envision building a rich support system for youth, where our practices reflect our commitment to a culture that promotes the authentic and proactive inclusion of families and other positive individuals in the youths' lives. We demonstrate our commitment to honoring, trusting, valuing, empowering and strengthening families through partnering and increasing access, engagement and involvement in every aspect of their child's programming, including decision making.*

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# CONCLUSION

The Texas Juvenile Justice Department takes great pride in the positive outcomes that are outlined in this report. There is evidence that reading improvement rates and graduation rates are up, and treatment completion rates continue to rise. Three year recidivism numbers have improved steadily every year for the past four years, clearly pointing to the effectiveness of the rehabilitative programming available to Texas youth involved in the justice system. Youth under the care of TJJD experience current, evidence based treatments and benefit from an enriched environment and positive relationships that focus on growth and provide for developmental needs, so that youth can transform their lives and make safer communities.